STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160001

RODRIGO SANCHEZ
RIO BRAVO ENTERPRISES INC
BEST BUY MARKET
8892 HWY 95
MOHAVE VALLEY AZ 86440

LICENSES EXPIRE ON JULY 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09080017         Renew? ______Yes_____No
Status:   Active           Status Date:     2/27/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RODRIGO  SANCHEZ              ___________________
Location: BEST BUY MARKET               ___________________
          8892 HWY 95                   ___________________
          MOHAVE VALLEY, AZ 86440       ___________________
Business Phone:     (928)788-3325       __________

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

-------------------------------------------------------------------------------
License#  10083222         Renew? ______Yes_____No
Status:   Active           Status Date:     2/19/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RODRIGO  SANCHEZ              ___________________
Location: BEST BUY MARKET 2             ___________________
          970 HANCOCK RD                ___________________
          BULLHEAD CITY, AZ 86442       ___________________
Business Phone:     (928)763-9199       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

RG160002

ROBERT CHARLES LEWIS
SILVERVIEW LLC
SILVERVIEW RV RESORT
1371 HANCOCK RD STE 1
BULLHEAD CITY AZ 86442

LICENSES EXPIRE ON JULY 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

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

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

The following is a list of licenses that are due for renewal, please review them 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#  10083105         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT CHARLES LEWIS          ___________________
Location: SILVERVIEW RV RESORT          ___________________
          1501 GOLDRUSH RD              ___________________
          BULLHEAD CITY, AZ 86442       ___________________
Business Phone:     (928)763-5500       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160003

JO ANN RODRIGUEZ
STAN'S GROCERY
1920 1ST AVE
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10140059         Renew? ______Yes_____No
Status:   Active           Status Date:     8/13/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: STAN'S GROCERY                _________________
          1920 1ST AVE                  _________________
          YUMA, AZ 85364                _________________
Business Phone:     (520)783-2886       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160004

MARYELLEN BOWMAN
CROSSROADS CAFE INC
CROSSROADS CAFE
PO BOX 3451
PARKER AZ 85344

LICENSES EXPIRE ON JULY 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/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#  12153061         Renew? ______Yes_____No
Status:   Active           Status Date:     8/5/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARYELLEN  BOWMAN             ___________________
Location: CROSSROADS CAFE               ___________________
          612 CALIFORNIA AVE            ___________________
          PARKER, AZ 85344              ___________________
Business Phone:     (928)669-9552       __________
% Of Revenue From Food Sales: _____________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160005

PAUL ADAM SUN
DESERT SUN OIL CORP
ARCO AM/PM
10001 HARBOR BLVD
MOHAVE VALLEY AZ 86440

LICENSES EXPIRE ON JULY 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083093         Renew? ______Yes_____No
Status:   Active           Status Date:     8/6/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PAUL ADAM SUN                 _________________
Location: ARCO AM/PM                    _________________
          10001 HARBOR BLVD             _________________
          MOHAVE VALLEY, AZ 86440       _________________
Business Phone:     (520)768-6888       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160006

JAMES EDWARD SHAFFER
YUMA FOOD & BEVERAGE LLC
KARIN'S
P O BOX 4339
YUMA AZ 85366

LICENSES EXPIRE ON JULY 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06140018         Renew? ______Yes_____No
Status:   Inactive         Status Date:     10/10/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES EDWARD SHAFFER          _________________
Location: KARIN'S                       _________________
          2401 W 8TH ST                 _________________
          YUMA, AZ 85364                _________________
Business Phone:                         __________

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

-------------------------------------------------------------------------------
License#  06140028         Renew? ______Yes_____No
Status:   Active           Status Date:     4/24/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES EDWARD SHAFFER          _________________
Location: ROXY                          _________________
          830 S MAGNOLIA AVE            _________________
          YUMA, AZ 85364                _________________
Business Phone:     (928)276-0077       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160007

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

LICENSES EXPIRE ON JULY 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083118         Renew? ______Yes_____No
Status:   Active           Status Date:     9/6/2002
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID WAYNE HALLUM            _________________
Location: HALLUM STORES                 _________________
          932 W BEALE ST                _________________
          KINGMAN, AZ 86401             _________________
Business Phone:     (928)753-6538       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160008

DAN LYNN REED
GAS N GRUB III LLC
GAS-N-GRUB
3770 E DIAGONAL WAY
KINGMAN AZ 86401

LICENSES EXPIRE ON JULY 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083158         Renew? ______Yes_____No
Status:   Active           Status Date:     2/4/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAN LYNN REED                 __________________
Location: GAS-N-GRUB                    __________________
          3770 E DIAGONAL WAY           __________________
          KINGMAN, AZ 86401             __________________
Business Phone:     (928)757-4160       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160009

ANDREA DAHLMAN LEWKOWITZ
IMH LR RESTAURANT LLC
OUTPOST
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JULY 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07080079         Renew? ______Yes_____No
Status:   Active           Status Date:     5/15/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      __________________
Location: OUTPOST                       __________________
          1360 WILLIAM HARDY DR         __________________
          BULLHEAD CITY, AZ 86429       __________________
Business Phone:     (928)754-1241       __________

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

-------------------------------------------------------------------------------
License#  12083465         Renew? ______Yes_____No
Status:   Active           Status Date:     5/15/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      __________________
Location: GRILL AT LAUGHLIN RANCH       __________________
          1360 WILLIAM HARDY DR #A      __________________
          BULLHEAD CITY, AZ 86429       __________________
Business Phone:     (928)754-1241       __________
% Of Revenue From Food Sales: _____________

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160010

RICHARD MARTIN GOOD
RICKY'S OTHER PLACE LLC
RICKY'S OTHER PLACE
3950 W 24TH ST
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06140040         Renew? ______Yes_____No
Status:   Active           Status Date:     9/4/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RICHARD MARTIN GOOD           ___________________
Location: RICKY'S OTHER PLACE           ___________________
          3950 W 24TH ST                ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)329-5907       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160011

BRICE THOMAS ZELLER
BRICE HAULING LLC
Z-FUN FACTORY
P O BOX 4728
YUMA AZ 85366

LICENSES EXPIRE ON JULY 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06140051         Renew? ______Yes_____No
Status:   Active           Status Date:     12/28/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BRICE THOMAS ZELLER           _________________
Location: Z-FUN FACTORY                 _________________
          4446 E COUNTY 10TH ST         _________________
          YUMA, AZ 85365                _________________
Business Phone:     (928)726-6000       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160012

DONNA LAVERNE ANDERSON
KINGMAN M LLC
SPRINGHILL SUITES BY MARRIOTT
3101 E ANDY DEVINE AVE
KINGMAN AZ 86401

LICENSES EXPIRE ON JULY 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083239         Renew? ______Yes_____No
Status:   Active           Status Date:     8/27/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DONNA LAVERNE ANDERSON        ___________________
Location: SPRINGHILL SUITES BY MARRIOTT ___________________
          3101 E ANDY DEVINE AVE        ___________________
          KINGMAN, AZ 86401             ___________________
Business Phone:     (928)753-8766       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160013

GEORGE H NAULT
GEORGE'S OCOTILLO LODGE INC
GEORGE'S OCOTILLO LODGE
P O BOX Q
BOUSE AZ 85325

LICENSES EXPIRE ON JULY 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06150015         Renew? ______Yes_____No
Status:   Active           Status Date:     5/25/1988
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GEORGE H NAULT                _________________
Location: GEORGE'S OCOTILLO LODGE       _________________
          27846 HWY 72                  _________________
          BOUSE, AZ 85325               _________________
Business Phone:     (520)851-2219       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160014

GONZALO GAMEZ
SUPER CARNICERIA EL CORRAL #1 INC
SUPER CARNICERIA EL CORRAL
537 N LAKE HAVASU AVE #103
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083190         Renew? ______Yes_____No
Status:   Active           Status Date:     11/22/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GONZALO  GAMEZ                _________________
Location: SUPER CARNICERIA EL CORRAL    _________________
          537 N LAKE HAVASU AVE #103    _________________
          LAKE HAVASU CITY, AZ 86403    _________________
Business Phone:     (928)854-1110       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160015

LI YIN LEE
NO 1 DRAGON HOUSE INC
#1 DRAGON HOUSE
1799 KIOWA BLVD STE 112
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083220         Renew? ______Yes_____No
Status:   Active           Status Date:     9/9/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LI YIN  LEE                   ___________________
Location: #1 DRAGON HOUSE               ___________________
          1799 KIOWA BLVD #112          ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)854-7883       __________
% Of Revenue From Food Sales: _____________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160016

KEITH WANG
SHOGUN 95
90 SWANSON AVE
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083394         Renew? ______Yes_____No
Status:   Active           Status Date:     5/14/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: SHOGUN 95                     _________________
          90 SWANSON AVE                _________________
          LAKE HAVASU CITY, AZ 86403    _________________
Business Phone:     (928)680-6668       __________
% Of Revenue From Food Sales: _____________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160017

JOSE RAMON OCHOA
ROLLIN IN DOUGH INC
ROUND TABLE PIZZA
2544 W 16TH ST
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07140012         Renew? ______Yes_____No
Status:   Active           Status Date:     8/5/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOSE RAMON OCHOA              ___________________
Location: ROUND TABLE PIZZA             ___________________
          2544 W 16TH ST                ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)783-5895       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160018

JASON BARCLAY MORRIS
ARIZONA CVS STORES LLC
CVS/PHARMACY #8826
2525 E ARIZONA BILTMORE CIR #A-212
PHOENIX AZ 85016

LICENSES EXPIRE ON JULY 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

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

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

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

DO NOT DETACH

License# 09080007 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 #8826 _____
2350 MIRACLE MILE RD _____
BULLHEAD CITY, AZ 86430 _____
Business Phone: (520)956-5300 _____

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

License# 09080021 Renew? _____Yes_____No
Status: Active Status Date: 3/13/2008
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JASON BARCLAY MORRIS _____
Location: CVS/PHARMACY #7022 _____
75 NORTH LAKE HAVASU AVE _____
LAKE HAVASU CITY, AZ 86403 _____
Business Phone: (928)854-6300 _____

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

License# 09080038 Renew? _____Yes_____No
Status: Active Status Date: 10/26/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JASON BARCLAY MORRIS _____
Location: CVS/PHARMACY #9309 _____
4744 S HIGHWAY 95 _____
FORT MOHAVE, AZ 86426 _____
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# 09085000 Renew? _____Yes_____No
Status: Active Status Date: 9/28/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JASON BARCLAY MORRIS _____
Location: CVS/PHARMACY #8977 _____
3501 STOCKTON HILL RD _____
KINGMAN, AZ 86409 _____
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#  09140031         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 #9334            ___________________
          2800 S 4TH AVE                ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)344-2341       __________

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

-------------------------------------------------------------------------------
License#  09140063         Renew? ______Yes_____No
Status:   Active           Status Date:     9/18/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JASON BARCLAY MORRIS          ___________________
Location: CVS/PHARMACY #9278            ___________________
          1555 S AVENUE B               ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)819-0208       __________

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

-------------------------------------------------------------------------------
License#  09150002         Renew? ______Yes_____No
Status:   Active           Status Date:     4/30/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JASON BARCLAY MORRIS          ___________________
Location: CVS/PHARMACY #8802            ___________________
          131 W RIVERSIDE DR            ___________________
          PARKER, AZ 85344              ___________________
Business Phone:     (928)669-6168       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____

Name Street City County Zip

2) _____ _____

Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____

(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____

Month Year

My commission expires on: _____

_____

Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160019

JOHN R WICKLAND
A TO Z INC
TIME OUT TAVERN
2601 STOCKTON HILL RD STE G
KINGMAN AZ 86401

LICENSES EXPIRE ON JULY 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06080002         Renew? ______Yes_____No
Status:   Active           Status Date:     3/13/2000
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN R WICKLAND               _________________
Location: TIME OUT TAVERN               _________________
          2601 STOCKTON HILL RD STE G   _________________
          KINGMAN, AZ 86401             _________________
Business Phone:     (928)753-2334       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160020

HEATHER LEIGH MALAN
KINGS LIQUOR AND LIQUERS
2925 NORTHERN AVE
KINGMAN AZ 86409

LICENSES EXPIRE ON JULY 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09080022         Renew? ______Yes_____No
Status:   Active           Status Date:     11/23/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: KINGS LIQUOR AND LIQUERS      _________________
          2925 NORTHERN AVE             _________________
          KINGMAN, AZ 86409             _________________
Business Phone:     (928)681-2001       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160021

THERESA JUNE MORSE
PENNER FOOD SERVICES GROUP LLC
JUNKYARD BISTRO
2513 RAINBOW AVE NORTH
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083533         Renew? ______Yes_____No
Status:   Active           Status Date:     12/29/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THERESA JUNE MORSE            ___________________
Location: JUNKYARD BISTRO               ___________________
          2061 SWANSON AVE              ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)302-1212       __________
% Of Revenue From Food Sales: _____________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160022

DIANA GALE BARNICLE
TRIPLE B FUELS INC
TRIPLE B
PO BOX 5420
YUMA AZ 85366

LICENSES EXPIRE ON JULY 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10143144         Renew? ______Yes_____No
Status:   Active           Status Date:     6/12/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DIANA GALE BARNICLE           ___________________
Location: TRIPLE B                      ___________________
          824 N 1ST AVE                 ___________________
          SAN LUIS, AZ 85349            ___________________
Business Phone:     (928)627-1790       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160023

ANGILBERTO VALDEZ SERRANO
EL PALACIO MEXICAN RESTAURANT INC
EL PALACIO MEXICAN RESTAURANT
1884 HWY 95
BULLHEAD CITY AZ 86442

LICENSES EXPIRE ON JULY 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083107         Renew? ______Yes_____No
Status:   Active           Status Date:     9/29/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANGILBERTO VALDEZ SERRANO     ___________________
Location: EL PALACIO MEXICAN RESTAURANT ___________________
          1885 HWY 95                   ___________________
          BULLHEAD CITY, AZ 86442       ___________________
Business Phone:     (928)763-2494       __________
% Of Revenue From Food Sales: _____________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160024

WILLIAM ROBERT EVANS
CAFE'55 LLC
CAFE 55
3400 S AVE 7E
YUMA AZ 85365

LICENSES EXPIRE ON JULY 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06140036         Renew? ______Yes_____No
Status:   Active           Status Date:     7/15/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WILLIAM ROBERT EVANS          _________________
Location: CAFE 55                       _________________
          3400 S AVE 7E                 _________________
          YUMA, AZ 85365                _________________
Business Phone:     (928)341-4646       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160025

VEATRIZ E QUINTANA
E & V LIQUID ASSETS LLC
WESTERN CLUB
10320 S 17TH DR
PHOENIX AZ 85041

LICENSES EXPIRE ON JULY 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06140009         Renew? ______Yes_____No
Status:   Active           Status Date:     1/20/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    VEATRIZ E QUINTANA            ___________________
Location: WESTERN CLUB                  ___________________
          2545 W 16TH ST                ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (602)758-9142       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160026

HARRIET MARGARET MC LEAREN
BURGERS BY THE BRIDGE LLC
BURGERS BY THE BRIDGE
2785 EMPRESS CT
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083527         Renew? ______Yes_____No
Status:   Active           Status Date:     7/16/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HARRIET MARGARET MC LEAREN    __________________
Location: BURGERS BY THE BRIDGE         __________________
          401 ENGLISH VILLAGE           __________________
          LAKE HAVASU CITY, AZ 86403    __________________
Business Phone:     (734)837-6550       __________
% Of Revenue From Food Sales: _____________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160027

CELESTE BRADLEY
R BURGER JOINT LLC
R BURGER JOINT
P O BOX 357
YUCCA AZ 86438

LICENSES EXPIRE ON JULY 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083531         Renew? ______Yes_____No
Status:   Active           Status Date:     8/28/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CELESTE  BRADLEY              ___________________
Location: R BURGER JOINT                ___________________
          12421 A FRONTAGE RD #B        ___________________
          YUCCA, AZ 86438               ___________________
Business Phone:     (928)766-2550       __________
% Of Revenue From Food Sales: _____________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160028

COLLEEN ANN ROSE
HOMESTEAD STEAKHOUSE INC
HOMESTEAD SALOON & STEAK HOUSE
3465 MARICOPA AVE
LAKE HAVASU CITY AZ 86406

LICENSES EXPIRE ON JULY 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06080709         Renew? ______Yes_____No
Status:   Inactive         Status Date:     7/14/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    COLLEEN ANN ROSE              ___________________
Location: HOMESTEAD SALOON & STEAK HOUSE___________________
          3465 MARICOPA AVE             ___________________
          LAKE HAVASU CITY, AZ 86406    ___________________
Business Phone:     (928)855-1078       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160029

ANGELA GUTIERREZ-VIRGEN
G Z INC
GONZO'S TACNA MARKET
P O BOX 6586
YUMA AZ 85366

LICENSES EXPIRE ON JULY 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

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

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

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

DO NOT DETACH

License# 09140018 Renew? _____Yes_____No
Status: Active Status Date: 3/24/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANGELA GUTIERREZ-VIRGEN _____
Location: GONZO'S TACNA MARKET _____
HWY 80 & 2ND ST _____
TACNA, AZ 85352 _____
Business Phone: (928)785-4709 _____

Renewal Fees:

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

License# 10143073 Renew? _____Yes_____No
Status: Active Status Date: 9/30/2002
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANGELA GUTIERREZ-VIRGEN _____
Location: GONZO'S COUNTRY STORE _____
5122 S AVENUE 38E _____
ROLL, AZ 85347 _____
Business Phone: (928)785-4504 _____

Renewal Fees:

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

License# 10143118 Renew? _____Yes_____No
Status: Active Status Date: 10/2/2008
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANGELA GUTIERREZ-VIRGEN _____
Location: GONZO'S TACNA MARKET _____
HWY 80 & 2ND ST _____
TACNA, AZ 85352 _____
Business Phone: (928)785-4709 _____

Renewal Fees:

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____

Name Street City County Zip

2) _____ _____

Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____

(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____

Month Year

My commission expires on: _____

_____

Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160030

JOSEPH ROBERT FOXX
BRI & CO HAIR STUDIO
PO BOX 3012
LAKE HAVASU CITY AZ 86405

LICENSES EXPIRE ON JULY 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07080066         Renew? ______Yes_____No
Status:   Active           Status Date:     7/17/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: BRI & CO HAIR STUDIO          _________________
          2126 MCCULLOCH BLVD #4        _________________
          LAKE HAVASU CITY, AZ 86403    _________________
Business Phone:     (928)855-1800       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160031

MICHAEL JOSEPH BASHA
BASHAS INC
BASHAS' #116
P O BOX 488
CHANDLER AZ 85244

LICENSES EXPIRE ON JULY 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

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

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

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

DO NOT DETACH

License# 09080003 Renew? _____Yes_____No
Status: Active Status Date: 7/21/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MICHAEL JOSEPH BASHA _____
Location: BASHAS' #116 _____
3269 MARICOPA AVE #120 _____
LAKE HAVASU CITY, AZ 86406 _____
Business Phone: (928)854-9550 _____

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

License# 09080004 Renew? _____Yes_____No
Status: Active Status Date: 1/22/2002
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MICHAEL JOSEPH BASHA _____
Location: BASHAS' #30 _____
3360 ANDY DEVINE AVE _____
KINGMAN, AZ 86401 _____
Business Phone: (602)257-4279 _____

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

License# 09080019 Renew? _____Yes_____No
Status: Active Status Date: 3/18/1997
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MICHAEL JOSEPH BASHA _____
Location: FOOD CITY #108 _____
1831 KIOWA AVE _____
LAKE HAVASU CITY, AZ 85204 _____
Business Phone: (928)855-3800 _____

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

License# 09140004 Renew? _____Yes_____No
Status: Active Status Date: 7/9/2004
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MICHAEL JOSEPH BASHA _____
Location: FOOD CITY #124 _____
2600 W 16TH ST _____
YUMA, AZ 85364 _____
Business Phone: (928)343-0840 _____

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#  09140038         Renew? ______Yes_____No
Status:   Active           Status Date:     3/18/1997
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL JOSEPH BASHA          ___________________
Location: FOOD CITY #114                ___________________
          1240 W 8TH ST                 ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)782-3821       __________

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

--------------------------------------------------------------------------------
License#  09140046         Renew? ______Yes_____No
Status:   Active           Status Date:     8/1/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL JOSEPH BASHA          ___________________
Location: FOOD CITY #127                ___________________
          23413 S MAIN ST               ___________________
          SAN LUIS, AZ 85349            ___________________
Business Phone:     (928)627-7700       __________

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#  09150005         Renew? ______Yes_____No
Status:   Active           Status Date:     2/24/1994
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL JOSEPH BASHA          ___________________
Location: FOOD CITY #65                 ___________________
          1020 ARIZONA AVE              ___________________
          PARKER, AZ 85344              ___________________
Business Phone:     (928)669-2300       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____

Name Street City County Zip

2) _____ _____

Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____

(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____

Month Year

My commission expires on: _____

_____

Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160032

MICHELLE ANN ROMAN
ARS FRESNO LLC
SHELL
2204 S EL CAMINO REAL STE 314
OCEANSIDE CA 92054

LICENSES EXPIRE ON JULY 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10143170         Renew? ______Yes_____No
Status:   Active           Status Date:     12/3/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHELLE ANN ROMAN            ___________________
Location: SHELL                         ___________________
          11235 FORTUNA RD              ___________________
          YUMA, AZ 85365                ___________________
Business Phone:     (928)342-1074       __________

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

-------------------------------------------------------------------------------
License#  10143171         Renew? ______Yes_____No
Status:   Active           Status Date:     11/10/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHELLE ANN ROMAN            ___________________
Location: SHELL                         ___________________
          138 E 16TH ST                 ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)342-1074       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

RG160033

DAVID CHARLES LORION
KINGMAN MOOSE LODGE #1704
KINGMAN MOOSE LODGE #1704
P O BOX 4236
KINGMAN AZ 86402

LICENSES EXPIRE ON JULY 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14083013         Renew? ______Yes_____No
Status:   Active           Status Date:     2/19/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID CHARLES LORION          ___________________
Location: KINGMAN MOOSE LODGE #1704     ___________________
          1455 NORTHERN AVE             ___________________
          KINGMAN, AZ 86409             ___________________
Business Phone:     (928)753-3690       __________

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

RG160034

CLIFFORD GLENN BEESLEY
FAT HARVEY'S INC
FAT HARVEY'S
303 W 26TH ST
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06140014         Renew? ______Yes_____No
Status:   Active           Status Date:     8/3/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CLIFFORD GLENN BEESLEY        ___________________
Location: FAT HARVEY'S                  ___________________
          303 W 26TH ST                 ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)726-9743       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160035

ANDREA DAHLMAN LEWKOWITZ
EAGLE AZ BEVERAGE LLC
LONDON BRIDGE GOLF COURSE
C/O ADDISON LAW FIRM
5400 LBJ FREEWAY, SUITE 1325
DALLAS TX 75240

LICENSES EXPIRE ON JULY 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07080047         Renew? ______Yes_____No
Status:   Active           Status Date:     4/6/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      __________________
Location: LONDON BRIDGE GOLF COURSE     __________________
          2400 CLUBHOUSE DR             __________________
          LAKE HAVASU CITY, AZ 86406    __________________
Business Phone:     (928)855-2719       __________

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

-------------------------------------------------------------------------------
License#  12083516         Renew? ______Yes_____No
Status:   Active           Status Date:     4/6/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      __________________
Location: LONDON BRIDGE GOLF COURSE     __________________
          2400 CLUBHOUSE DR             __________________
          LAKE HAVASU CITY, AZ 86406    __________________
Business Phone:     (928)855-2719       __________
% Of Revenue From Food Sales: _____________

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

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160036

HORACE H SCHULER
SEVEN RESORTS INC
LAKE MOHAVE RESORT
2690 E KATHERINE SPOR BAR
BULLHEAD CITY AZ 86429

LICENSES EXPIRE ON JULY 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06080037         Renew? ______Yes_____No
Status:   Active           Status Date:     8/2/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HORACE H SCHULER              ___________________
Location: LAKE MOHAVE RESORT            ___________________
          2690 E KATHERINE SPOR ROAD    ___________________
          BULLHEAD CITY, AZ 86429       ___________________
Business Phone:     (928)754-3245       __________

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

-------------------------------------------------------------------------------
License#  10080054         Renew? ______Yes_____No
Status:   Active           Status Date:     8/2/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HORACE H SCHULER              ___________________
Location: LAKE MOHAVE RESORT            ___________________
          2690 E KATHERINE SPOR ROAD    ___________________
          BULLHEAD CITY, AZ 86429       ___________________
Business Phone:     (928)754-3245       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160037

ROBERT LESTER BERRY
F O E #4419
FOE #4419
1300 ARIZONA AVE
PARKER AZ 85344

LICENSES EXPIRE ON JULY 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14153000         Renew? ______Yes_____No
Status:   Active           Status Date:     6/14/2000
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT LESTER BERRY           _________________
Location: FOE #4419                     _________________
          1300 ARIZONA AVE              _________________
          PARKER, AZ 85344              _________________
Business Phone:     (928)669-5999       __________

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

RG160038

RICHARD MARTIN GOOD
JIMMIE DEES BAR LLC
JIMMIE DEE'S
38 WEST 2ND ST
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

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

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

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

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

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

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

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

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

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

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

☐ Yes (attach explanation of details) ☐ No

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

X_____ _____

(Signature) (Print Name)

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

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

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

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

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

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06140007         Renew? ______Yes_____No
Status:   Active           Status Date:     11/9/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RICHARD MARTIN GOOD           ___________________
Location: JIMMIE DEE'S                  ___________________
          38 W 2ND ST                   ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)783-5647       __________

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

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

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

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

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

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

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160039

BONNIE L NOWAK
NOWAK'S INVESTMENTS INC
OATMAN GENERAL STORE
P O BOX 945
OATMAN AZ 86433

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10080008         Renew? ______Yes_____No
Status:   Active           Status Date:     8/14/2000
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BONNIE L NOWAK                _________________
Location: OATMAN GENERAL STORE          _________________
          MAIN ST                       _________________
          OATMAN, AZ 86433              _________________
Business Phone:     (928)768-9448       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160040

ALFREDO ROMAN MENDOZA
JJM RESORT DEVELOPERS LLC
RADISSON HOTEL YUMA
1501 S REDONDO CENTER DR
YUMA AZ 85365

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  11143007         Renew? ______Yes_____No
Status:   Active           Status Date:     8/4/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ALFREDO ROMAN MENDOZA         ___________________
Location: RADISSON HOTEL YUMA           ___________________
          1501 S REDONDO CENTER DR      ___________________
          YUMA, AZ 85365                ___________________
Business Phone:     (928)783-8000       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            555.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160041

ANDREA DAHLMAN LEWKOWITZ
WALGREEN ARIZONA DRUG CO
WALGREENS #12880
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 09080001 Renew? _____Yes_____No
Status: Active Status Date: 3/17/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS #12880 _____
1925 ANDY DEVINE AVE _____
KINGMAN, AZ 86401 _____
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# 09080020 Renew? _____Yes_____No
Status: Active Status Date: 8/1/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS #5208 _____
25 LAKE HAVASU AVE S _____
LAKE HAVASU CITY, AZ 86403 _____
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# 09080034 Renew? _____Yes_____No
Status: Active Status Date: 8/1/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS #3245 _____
3485 STOCKTON HILL RD _____
KINGMAN, AZ 86401 _____
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# 09080040 Renew? _____Yes_____No
Status: Active Status Date: 8/1/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS #3913 _____
2360 HWY 95 _____
BULLHEAD CITY, AZ 86442 _____
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#  09140042         Renew? ______Yes_____No
Status:   Active           Status Date:     2/28/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      ___________________
Location: WALGREENS #02219              ___________________
          2801 S 4TH AVE                ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)344-0453       __________

Renewal Fees:
     License Renewal:                   50.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00

-------------------------------------------------------------------------------
License#  09140053         Renew? ______Yes_____No
Status:   Active           Status Date:     9/28/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      ___________________
Location: WALGREENS #2209               ___________________
          11420 S FORTUNA RD            ___________________
          YUMA, AZ 85367                ___________________
Business Phone:     (928)342-1034       __________

Renewal Fees:
     License Renewal:                   50.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00

-------------------------------------------------------------------------------
License#  09143500         Renew? ______Yes_____No
Status:   Active           Status Date:     2/18/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      ___________________
Location: WALGREENS #02611              ___________________
          1150 W 8TH ST                 ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)783-6834       __________

Renewal Fees:
     License Renewal:                   50.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____

Name Street City County Zip

2) _____ _____

Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____

(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____

Month Year

My commission expires on: _____

_____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160042

COURTNEY LISBETH GAPP
BREWERS LLC
BREWERS RESTAURANT & SPORTS BAR
2331 S AVENUE B STE 101
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143153         Renew? ______Yes_____No
Status:   Active           Status Date:     8/5/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    COURTNEY LISBETH GAPP         _________________
Location: BREWERS RESTAURANT & SPORTS BAR_________________
          2331 S AVENUE B STE 101       _________________
          YUMA, AZ 85364                _________________
Business Phone:     (928)783-0073       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160043

DARLENE MARIE LINTZ
I-10 ENTERPRISES
MOBIL MART
30 S ACOMA BLVD. SUITE #105
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10153004         Renew? ______Yes_____No
Status:   Active           Status Date:     8/3/2000
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DARLENE MARIE LINTZ           ___________________
Location: MOBIL MART                    ___________________
          1440 W MAIN ST                ___________________
          QUARTZSITE, AZ 85346          ___________________
Business Phone:     (928)453-8540       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160044

YAKOO MIKHA YAKOO KHIBEIR
ALKOSH MARKET INC
ALKOSH MARKET
2200 W 3RD STREET
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09140033         Renew? ______Yes_____No
Status:   Active           Status Date:     12/17/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    YAKOO MIKHA YAKOO KHIBEIR     ___________________
Location: ALKOSH MARKET                 ___________________
          2200 W 3RD ST                 ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)782-7046       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160045

DAN LYNN REED
GAS-N-GRUB V LLC
GAS-N-GRUB
2805 E NORTHERN AVE
KINGMAN AZ 86409

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083206         Renew? ______Yes_____No
Status:   Active           Status Date:     4/23/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAN LYNN REED                 _________________
Location: GAS-N-GRUB                    _________________
          2805 E NORTHERN AVE           _________________
          KINGMAN, AZ 86409             _________________
Business Phone:     (928)757-8585       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160046

DEREK JOSEPH WILLIAMS
PGW LLC
CHICAGO GRILL
5601 HWY 95 N # 722
LAKE HAVASU CITY AZ 86404

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083419         Renew? ______Yes_____No
Status:   Active           Status Date:     8/2/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DEREK JOSEPH WILLIAMS         ___________________
Location: CHICAGO GRILL                 ___________________
          5601 HWY 95 N #722            ___________________
          LAKE HAVASU CITY, AZ 86404    ___________________
Business Phone:     (928)846-3220       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160047

JARED MICHAEL REPINSKI
YUMA HOSPITALITY INVESTMENTS LLC
LA FUENTE INN & SUITES
P O BOX 6252
CHANDLER AZ 85246

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06140004         Renew? ______Yes_____No
Status:   Active           Status Date:     11/13/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JARED MICHAEL REPINSKI        _________________
Location: LA FUENTE INN & SUITES        _________________
          1513 E 16TH ST                _________________
          YUMA, AZ 85365                _________________
Business Phone:     (928)329-1814       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160048

DAMON ROBERT JACKSON
SCENIC GENERAL STORE LLC
SCENIC GENERAL STORE
P O BOX 316
LITTLEFIELD AZ 86432

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083276         Renew? ______Yes_____No
Status:   Active           Status Date:     11/5/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAMON ROBERT JACKSON          ___________________
Location: SCENIC GENERAL STORE          ___________________
          2960 SCENIC BLVD              ___________________
          LITTLEFIELD, AZ 86432         ___________________
Business Phone:     (928)347-5548       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160049

CARY LYNN SCHWEITZER
CANYONS END MOTEL & RESTAURANT
26541 N VERDE RD
MEADVIEW AZ 86444

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07080057         Renew? ______Yes_____No
Status:   Active           Status Date:     8/28/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: CANYONS END MOTEL & RESTAURANT___________________
          28950 N PIERCE FERRY RD       ___________________
          MEADVIEW, AZ 86444            ___________________
Business Phone:     (928)564-2525       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160050

ADRIAN M MEDINA
CANYON DISTRIBUTING COMPANY
CANYON DISTRIBUTING COMPANY
2682 W OATMAN RD
KINGMAN AZ 86401

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  04083004         Renew? ______Yes_____No
Status:   Active           Status Date:     6/4/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ADRIAN M MEDINA               ___________________
Location: CANYON DISTRIBUTING COMPANY   ___________________
          2682 W OATMAN RD              ___________________
          KINGMAN, AZ 86401             ___________________
Business Phone:     (928)753-5202       __________

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

-------------------------------------------------------------------------------
License#  04143001         Renew? ______Yes_____No
Status:   Active           Status Date:     8/26/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ADRIAN M MEDINA               ___________________
Location: CANYON DISTRIBUTING COMPANY   ___________________
          7281 E 30TH ST                ___________________
          YUMA, AZ 85365                ___________________
Business Phone:     (928)783-3366       __________

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_____ 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

RG160051

NAJIBULLAH NOORI
KABUL INC
FASTRIP FOOD STORE #618
1131 HWY 95
BULLHEAD CITY AZ 86442

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083114         Renew? ______Yes_____No
Status:   Active           Status Date:     8/2/2002
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NAJIBULLAH  NOORI             ___________________
Location: FASTRIP FOOD STORE #618       ___________________
          2199 HWY 95                   ___________________
          BULLHEAD CITY, AZ 86442       ___________________
Business Phone:     (928)758-2070       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  10083115         Renew? ______Yes_____No
Status:   Active           Status Date:     8/2/2002
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NAJIBULLAH  NOORI             ___________________
Location: FASTRIP FOOD STORE #634       ___________________
          1131 HWY 95                   ___________________
          BULLHEAD CITY, AZ 86430       ___________________
Business Phone:     (928)754-1017       __________

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
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

RG160052

DEBORAH ELAINE BROTEN
IRON HORSE SALOON
1161 HANCOCK RD
BULLHEAD CITY AZ 86442

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06080051         Renew? ______Yes_____No
Status:   Active           Status Date:     8/5/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: IRON HORSE SALOON             _________________
          1161 HANCOCK RD               _________________
          BULLHEAD CITY, AZ 86442       _________________
Business Phone:     (928)704-1969       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160053

LON GREGORY WEATHERSON
WEATHERSON HUGHES LLC
COLLEGE STREET BREWHOUSE AND PUB
4041 BLACKHAWK DR
LAKE HAVASU CITY AZ 86406

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083446         Renew? ______Yes_____No
Status:   Active           Status Date:     9/13/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LON GREGORY WEATHERSON        _________________
Location: COLLEGE STREET BREWHOUSE AND PUB_________________
          1940 COLLEGE DR               _________________
          LAKE HAVASU CITY, AZ 86403    _________________
Business Phone:     (928)854-2739       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160054

JESSE FRANK GODINEZ
KING OF KINGMAN LLC
KINGMAN CHOPHOUSE
2025 LAGO GRANDE COVE
FORT MOHAVE AZ 86426

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083508         Renew? ______Yes_____No
Status:   Active           Status Date:     6/13/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JESSE FRANK GODINEZ           ___________________
Location: KINGMAN CHOPHOUSE             ___________________
          1851 KINO AVE                 ___________________
          KINGMAN, AZ 86409             ___________________
Business Phone:     (928)718-2292       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160055

NIRALI HETAL DAVE
KINGMAN GAS PLUS LLC
GAS PLUS
3179 HARRISON ST
KINGMAN AZ 86401

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 09083002 Renew? _____Yes_____No
Status: Active Status Date: 6/22/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NIRALI HETAL DAVE _____
Location: GAS PLUS _____
2266 KINGMAN AVE _____
KINGMAN, AZ 86401 _____
Business Phone: (928)753-1010 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 10083268 Renew? _____Yes_____No
Status: Active Status Date: 4/9/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NIRALI HETAL DAVE _____
Location: GAS PLUS _____
7465 CONCHO DR _____
KINGMAN, AZ 86401 _____
Business Phone: (928)692-3977 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 10083290 Renew? _____Yes_____No
Status: Active Status Date: 10/16/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NIRALI HETAL DAVE _____
Location: SHORT STOP _____
3179 HARRISON ST _____
KINGMAN, AZ 86401 _____
Business Phone: (928)753-1123 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____

Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____

(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____

Month Year

My commission expires on: _____

_____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160056

IRMA RAMIREZ
GERONIMO'S RESTAURANT
P O BOX 343
WELLTON AZ 85356

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12141014         Renew? ______Yes_____No
Status:   Active           Status Date:     8/3/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: GERONIMO'S RESTAURANT         _________________
          28627 LOS ANGELES AVE         _________________
          WELLTON, AZ 85356             _________________
Business Phone:     (520)785-9429       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160057

IN KWAN BEAK
NINJA SUSHI RESTAURANT INC
NINJA SUSHI RESTAURANT
1400 E 16TH ST
YUMA AZ 85365

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143177         Renew? ______Yes_____No
Status:   Active           Status Date:     10/4/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    IN KWAN BEAK                  _________________
Location: NINJA SUSHI RESTAURANT        _________________
          1400  E 16TH ST               _________________
          YUMA, AZ 85365                _________________
Business Phone:     (928)782-4000       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160058

ASAY B JOHNSON
BPOE #2399
BPOE #2399
3532 N MCCULLOCH BLVD
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14080006         Renew? ______Yes_____No
Status:   Active           Status Date:     8/3/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ASAY B JOHNSON                _________________
Location: BPOE #2399                    _________________
          3532 N MCCULLOCH BLVD         _________________
          LAKE HAVASU CITY, AZ 86406    _________________
Business Phone:     (928)453-3557       __________

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

RG160059

ALEXA FAY COX
JAMES Y COX PARTNERSHIP
SALOME CAFE
P O BOX 447
SALOME AZ 85348

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12153080         Renew? ______Yes_____No
Status:   Active           Status Date:     8/5/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ALEXA FAY COX                 _________________
Location: SALOME CAFE                   _________________
          67600 E HWY 60                _________________
          SALOME, AZ 85348              _________________
Business Phone:     (928)859-4880       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160060

DONALD GREGORY WALES
POCO LLC
COPPER CANYON BREWING COMPANY
3059 APPALOOSA DR
LAKE HAVASU CITY AZ 86406

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083513         Renew? ______Yes_____No
Status:   Active           Status Date:     12/5/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DONALD GREGORY WALES          ___________________
Location: COPPER CANYON BREWING COMPANY ___________________
          1519 QUEENS BAY STE #101      ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)230-2670       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160061

AJAI KUMAR SAXENA
AAN ENTERPRISE LLC
LAKE HAVASU CITY FOOD MART
2201 MCCULLOCH BLVD
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083165         Renew? ______Yes_____No
Status:   Active           Status Date:     8/5/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    AJAI KUMAR SAXENA             ___________________
Location: LAKE HAVASU CITY FOOD MART    ___________________
          2201 MCCULLOCH BLVD           ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)453-9000       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  10083166         Renew? ______Yes_____No
Status:   Active           Status Date:     8/5/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    AJAI KUMAR SAXENA             ___________________
Location: BULLHEAD CITY FOOD MART       ___________________
          2540  HWY 95                  ___________________
          BULLHEAD CITY, AZ 86442       ___________________
Business Phone:     (928)763-5544       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

RG160062

STEPHEN MICHAEL SULLIVAN
BLUE WATER MIST INVESTMENTS LLC
MR FISH--FISH & CHIPS
11242 S FOOTHILLS BLVD #3
YUMA AZ 85367

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07140016         Renew? ______Yes_____No
Status:   Active           Status Date:     8/14/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    STEPHEN MICHAEL SULLIVAN      ___________________
Location: MR FISH--FISH & CHIPS         ___________________
          11242 S FOOTHILLS BLVD #3     ___________________
          YUMA, AZ 85367                ___________________
Business Phone:     (928)345-1234       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160063

SADIK H T HUSSEIN ALMULIKI
ESQUIRE MINI MART
11120 S SOMERTON AVE
YUMA AZ 85365

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10143094         Renew? ______Yes_____No
Status:   Active           Status Date:     8/11/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: ESQUIRE MINI MART             _________________
          12595 S SOMERTON AVE          _________________
          YUMA, AZ 85365                _________________
Business Phone:     (928)344-0310       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  10143146         Renew? ______Yes_____No
Status:   Active           Status Date:     11/6/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: MORGAN'S STORE                _________________
          11120 S SOMERTON AVE          _________________
          YUMA, AZ 85365                _________________
Business Phone:     (928)341-0173       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

RG160064

RAFAEL M ARROYO
A & R GRILL
3411 W 18TH PL
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143201         Renew? ______Yes_____No
Status:   Active           Status Date:     12/29/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: A & R GRILL                   _________________
          712 S 4TH AVE                 _________________
          YUMA, AZ 85364                _________________
Business Phone:     (928)783-0260       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160065

RENATO FRANK DALESSANDRO
DELARIZZA INC
LAZY HARRY'S SALOON & EATERY
2170 RIO GRANDE RD
BULLHEAD CITY AZ 86442

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06080025         Renew? ______Yes_____No
Status:   Active           Status Date:     8/1/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RENATO FRANK DALESSANDRO      ___________________
Location: LAZY HARRY'S SALOON & EATERY  ___________________
          2170 RIO GRANDE RD            ___________________
          BULLHEAD CITY, AZ 86442       ___________________
Business Phone:     (928)758-6322       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160066

CHARLES JOHN ROMER
ROMER BEVERAGE YUMA LLC
ROMER BEVERAGE
598 E 20TH ST
YUMA AZ 85365

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  04143003         Renew? ______Yes_____No
Status:   Active           Status Date:     10/2/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHARLES JOHN ROMER            ___________________
Location: ROMER BEVERAGE                ___________________
          536 E 20TH ST                 ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)783-4497       __________

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

RG160067

E TEDDY RONCHETTI
HENDERSON INVESTMENTS LLC
SPORTSMANS CLUB
P O BOX 1208
KINGMAN AZ 86402

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06080001         Renew? ______Yes_____No
Status:   Active           Status Date:     8/1/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    E TEDDY RONCHETTI             _________________
Location: SPORTSMANS CLUB               _________________
          317 E ANDY DEVINE AVE         _________________
          KINGMAN, AZ 86401             _________________
Business Phone:     (928)753-1667       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160068

JAVIER PENALOZA
TIERRA CALIENTE MEAT MARKET & RESTAURANT
1504 S LAGUNA AVE
PARKER AZ 85344

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07150005         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: TIERRA CALIENTE MEAT MARKET & RESTAURANT___________________
          900 JOSHUA AVE                ___________________
          PARKER, AZ 85344              ___________________
Business Phone:     (928)669-6162       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160069

CLARE HOLLIE ABEL
WAL-MART STORES INC
WAL-MART SUPERCENTER #1370
508 SW 8TH ST
DEPT 8916
BENTONVILLE AR 72716-0500

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 09080005 Renew? _____Yes_____No
Status: Active Status Date: 4/19/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: WAL-MART SUPERCENTER #1370 _____
2840 HWY 95 _____
BULLHEAD CITY, AZ 86442 _____
Business Phone: (928)758-7222 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09080018 Renew? _____Yes_____No
Status: Active Status Date: 11/18/2004
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: WAL-MART SUPERCENTER #2051 _____
3396 STOCKTON HILL RD _____
KINGMAN, AZ 86409 _____
Business Phone: (928)692-0555 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09080041 Renew? _____Yes_____No
Status: Inactive Status Date: 9/12/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: WAL-MART SUPERCENTER #4203 _____
5210 S HWY 95 _____
FORT MOHAVE, AZ 86426 _____
Business Phone: (928)758-7222 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09084000 Renew? _____Yes_____No
Status: Active Status Date: 5/29/2008
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: WAL-MART SUPERCENTER #1364 _____
5695 N STATE ROUTE 95 _____
LAKE HAVASU CITY, AZ 86406 _____
Business Phone: (928)764-3700 _____

Renewal Fees:
License Renewal: 50.00

ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09140005 Renew? _____Yes_____No
Status: Active Status Date: 11/4/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: WAL-MART NEIGHBORHOOD MARKET #7320_____
2675 W 8TH ST _____
YUMA, AZ 85364 _____
Business Phone: (928)317-2776 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09140022 Renew? _____Yes_____No
Status: Active Status Date: 2/16/2001
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: WAL - MART SUPERCENTER #1474 _____
2900 S PACIFIC AVE _____
YUMA, AZ 85364 _____
Business Phone: (928)344-0992 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09140030 Renew? _____Yes_____No
Status: Active Status Date: 3/17/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: WAL-MART SUPERCENTER #4325 _____
8151 E 32 ND ST _____
YUMA, AZ 85365 _____
Business Phone: (928)344-5974 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09140052 Renew? _____Yes_____No
Status: Active Status Date: 9/28/2004
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: WAL-MART SUPERCENTER #5342 _____
2501 S AVE B _____
YUMA, AZ 85364 _____
Business Phone: (928)317-2776 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00

```
     Total:                              120.00

-------------------------------------------------------------------------------
License#  09145002         Renew? ______Yes_____No
Status:   Active           Status Date:     8/22/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CLARE HOLLIE ABEL             ___________________
Location: WAL-MART SUPERCENTER #4337    ___________________
          1613 N MAIN ST                ___________________
          SAN LUIS, AZ 85349            ___________________
Business Phone:     (928)772-7278       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  09155000         Renew? ______Yes_____No
Status:   Active           Status Date:     6/9/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CLARE HOLLIE ABEL             ___________________
Location: WAL-MART SUPERCENTER #4543    ___________________
          128 RIVERSIDE DRIVE           ___________________
          PARKER, AZ 85344              ___________________
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

RG160070

PATRICE S HOLLOWAY
ISLANDER RV RESORT LLC
ISLANDER RV RESORT
751 BEACHCOMBER BLVD
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10081031         Renew? ______Yes_____No
Status:   Active           Status Date:     8/3/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PATRICE S HOLLOWAY            ___________________
Location: ISLANDER RV RESORT            ___________________
          751 BEACHCOMBER BLVD          ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)680-2000       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160071

VICKIE LYN SANDERS
RIVER TAVERN LLC
RIVER VALLEY TAVERN
3817 DIAMOND RIDGE ST
LAS VEGAS NV 89129

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06080038         Renew? ______Yes_____No
Status:   Active           Status Date:     7/9/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    VICKIE LYN SANDERS            ___________________
Location: RIVER VALLEY TAVERN           ___________________
          8804 S HWY 95                 ___________________
          MOHAVE VALLEY, AZ 86440       ___________________
Business Phone:     (928)768-1900       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160072

JARED MICHAEL REPINSKI
LAKE MANOR MARKET LIQUOR LLC
LAKE MANOR MARKET
P O BOX 6252
CHANDLER AZ 85246

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09150001         Renew? ______Yes_____No
Status:   Active           Status Date:     5/20/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JARED MICHAEL REPINSKI        ___________________
Location: LAKE MANOR MARKET             ___________________
          HWY 95 4 1/2 MI N OF PARKER   ___________________
          PARKER, AZ 85344              ___________________
Business Phone:     (928)667-3411       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160073

JIANHUA CHEN
CHINA PANDA RESTAURANT INC
CHINA PANDA
33 E VALLEY BLVD #217
ALHAMBRA CA 91801

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083501         Renew? ______Yes_____No
Status:   Active           Status Date:     3/14/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JIANHUA  CHEN                 _________________
Location: CHINA PANDA                   _________________
          2164 HWY 95                   _________________
          BULLHEAD CITY, AZ 86442       _________________
Business Phone:     (928)763-8899       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160074

ANWAR ALI JATOI
MEHRAN CO LLC
ARCO AM/PM
4128 W 163RD ST
LAWNDALE CA 90260

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 10143064 Renew? _____Yes_____No
Status: Active Status Date: 10/3/2001
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANWAR ALI JATOI _____
Location: ARCO AM/PM _____
770 FIRST AVE _____
SAN LUIS, AZ 85349 _____
Business Phone: (928)627-7717 _____

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# 10143076 Renew? _____Yes_____No
Status: Active Status Date: 2/28/2003
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANWAR ALI JATOI _____
Location: ARCO AM PM _____
950 E 16TH ST _____
YUMA, AZ 85364 _____
Business Phone: (928)783-3645 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 10143117 Renew? _____Yes_____No
Status: Active Status Date: 6/30/2008
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANWAR ALI JATOI _____
Location: ARCO AM-PM #82445 _____
1349 S 4TH AVE _____
YUMA, AZ 85364 _____
Business Phone: (928)783-9409 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____

Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____

(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____

Month Year

My commission expires on: _____

_____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160075

JAMES RALPH HERRING
NINETEENTH HOLE PLUS ONE LLC
19TH HOLE PLUS ONE
13415 E 44TH ST
YUMA AZ 85367

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07144000         Renew? ______Yes_____No
Status:   Inactive         Status Date:     5/14/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES RALPH HERRING           ___________________
Location: 19TH HOLE PLUS ONE            ___________________
          475 W 32ND ST                 ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)276-4752       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160076

H J LEWKOWITZ
APPLE YUMA II INC
APPLEBEE'S NEIGHBORHOOD GRILL & BAR
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143049         Renew? ______Yes_____No
Status:   Active           Status Date:     4/6/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 _________________
Location: APPLEBEE'S NEIGHBORHOOD GRILL & BAR_________________
          1100 E 16TH STREET            _________________
          YUMA, AZ 85364                _________________
Business Phone:     (928)782-7474       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160077

JAMES VERNON CASTLE
GUTH JOHN ET AL
MARTINEZ LAKE MARINA CONVENIENCE
P O BOX 72245
MARTINEZ LAKE AZ 85365

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10141033         Renew? ______Yes_____No
Status:   Active           Status Date:     5/19/1993
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES VERNON CASTLE           ___________________
Location: MARTINEZ LAKE MARINA CONVENIENCE___________________
          STAR RTE 4                    ___________________
          MARTINEZ LAKE, AZ 85365       ___________________
Business Phone:     (928)783-9589       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160078

RUBEN ALBERTO WALSHE
LA BODEGA
P O BOX 1523
SAN LUIS AZ 85349

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143217         Renew? ______Yes_____No
Status:   Active           Status Date:     5/13/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: LA BODEGA                     _________________
          1950 E JUAN SANCHEZ BLVD STE L   __________________
          SAN LUIS, AZ 85349            _________________
Business Phone:     (928)261-0032       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160079

JOSE DE JESUS RAMIREZ-AGUIRRE
JESSE'S RESTAURANT & BAR
834 S AVE C
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07140007         Renew? ______Yes_____No
Status:   Active           Status Date:     11/26/1996
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: JESSE'S RESTAURANT & BAR      _________________
          834 S AVE C                   _________________
          YUMA, AZ 85364                _________________
Business Phone:     (928)785-6615       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160080

CHARNA SUE WALKER
DATELAND TRAVEL CENTER LLC
DATELAND TRAVEL CENTER
1737 S AVENUE 64E
DATELAND AZ 85333

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07140014         Renew? ______Yes_____No
Status:   Active           Status Date:     2/4/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHARNA SUE WALKER             ___________________
Location: DATELAND TRAVEL CENTER        ___________________
          1737 S AVE 64E                ___________________
          DATELAND, AZ 85333            ___________________
Business Phone:     (928)454-2772       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160081

EMAD ELIA YOUSIF
8TH STREET DRIVE IN LIQUORS
1100 W 8TH ST
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 09140003 Renew? _____Yes_____No
Status: Active Status Date: 9/8/1998
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: _____
Location: 8TH STREET DRIVE IN LIQUORS _____
1100 W 8TH ST _____
YUMA, AZ 85364 _____
Business Phone: (520)783-3742 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 09140015 Renew? _____Yes_____No
Status: Active Status Date: 1/24/2001
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: _____
Location: DISCOUNT LIQUOR _____
1099 W 8TH ST _____
YUMA, AZ 85364 _____
Business Phone: (520)783-5404 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 09140050 Renew? _____Yes_____No
Status: Active Status Date: 8/16/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: _____
Location: 4TH AVE LIQUOR _____
1111 S 4TH AVE _____
YUMA, AZ 85364 _____
Business Phone: (928)783-2733 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____

Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____

(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____

Month Year

My commission expires on: _____

_____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160082

RIVAN SAAD NONA
PARTY TIME MARKET LLC
PARTY TIME MARKET
595 W 1ST ST
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09144001         Renew? ______Yes_____No
Status:   Active           Status Date:     2/6/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RIVAN SAAD NONA               ___________________
Location: PARTY TIME MARKET             ___________________
          595 W 1ST ST                  ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)329-1968       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160083

RICHARD WESLEY SCHRECK
QUICK E MINI MART LLC
QUICK E MART
312 E RIVERFRONT DR
PARKER AZ 85344

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10153058         Renew? ______Yes_____No
Status:   Active           Status Date:     7/22/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RICHARD WESLEY SCHRECK        ___________________
Location: QUICK E MART                  ___________________
          320 BLUEWATER DR              ___________________
          PARKER, AZ 85344              ___________________
Business Phone:     (928)669-1627       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160084

ROBERT LEROY PALMER
B & B
RT 2 BOX 27
CIBOLA AZ 85328

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10153034         Renew? ______Yes_____No
Status:   Active           Status Date:     7/13/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: B & B                         _________________
          65980 MOHAVE ST               _________________
          CIBOLA, AZ 85328              _________________
Business Phone:     (928)857-0044       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160085

KATHLEEN LYNN VORCE
RIVER STOP
P O BOX 818
TOPOCK AZ 86436

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09080033         Renew? ______Yes_____No
Status:   Active           Status Date:     4/10/1996
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: RIVER STOP                    ___________________
          13029 GOLDEN SHORES PKWY      ___________________
          TOPOCK, AZ 86436              ___________________
Business Phone:     (928)768-7333       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160086

ELLEN MARIE KELLY
ER LOUNGE LLC
ER LOUNGE
1525 COUNTRYSHIRE AVE
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06085002         Renew? ______Yes_____No
Status:   Active           Status Date:     11/3/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ELLEN MARIE KELLY             ___________________
Location: ER LOUNGE                     ___________________
          317 S LAKE HAVASU AVE         ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:                         __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160087

DONALD ALLIE BELLINGS
CACTUS BAR
PO BOX 488
SALOME AZ 85348

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06150006         Renew? ______Yes_____No
Status:   Active           Status Date:     12/13/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: CACTUS BAR                    _________________
          66745 HWY 60                  _________________
          SALOME, AZ 85348              _________________
Business Phone:     (928)859-3547       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160088

AGUSTIN RAFAEL TUMBAGA, JR.
LA ISLA BAR & GRILL
7798 W COUNTY 16TH ST
SOMERTON AZ 85350

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07143000         Renew? ______Yes_____No
Status:   Active           Status Date:     9/17/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: LA ISLA BAR & GRILL           _________________
          663 E MAIN ST                 _________________
          SOMERTON, AZ 85350            _________________
Business Phone:     (928)920-4234       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160089

DAN LYNN REED
GAS N GRUB VII LLC
GAS N GRUB
2996 HIGHWAY 68
BULLHEAD CITY AZ 86430

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083289         Renew? ______Yes_____No
Status:   Active           Status Date:     8/13/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAN LYNN REED                 _________________
Location: GAS N GRUB                    _________________
          2996 HWY 68                   _________________
          BULLHEAD CITY, AZ 86430       _________________
Business Phone:     (928)754-5579       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160090

PLACIDO LOPEZ
ESTRELLITA MEAT MARKET
2100 S 4TH AVE #3
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10143158         Renew? ______Yes_____No
Status:   Active           Status Date:     2/7/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: ESTRELLITA MEAT MARKET        ___________________
          2100 S 4TH AVE                ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)317-0827       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  12143200         Renew? ______Yes_____No
Status:   Active           Status Date:     10/20/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: ESTRELLITA MEXICAN RESTAURANT ___________________
          2100 S 4TH AVE #3             ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)317-0827       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                   500.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             20.00
     Total:                             585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160091

LAURIE SCOTT MOSES
CHASINS INC
CHA BONES
3246 PARKER DAM RD
PARKER AZ 85344

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083273         Renew? ______Yes_____No
Status:   Active           Status Date:     8/11/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LAURIE SCOTT MOSES            ___________________
Location: CHA BONES                     ___________________
          112 LONDON BRIDGE RD          ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)854-5554       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160092

MICHELE LYN LIN
LIN'S LITTLE CHINA II INC
LIN'S LITTLE CHINA II
3370 TOLTECA DR
LAKE HAVASU CITY AZ 86406

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083537         Renew? ______Yes_____No
Status:   Active           Status Date:     12/8/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHELE LYN LIN               ___________________
Location: LIN'S LITTLE CHINA II         ___________________
          4120 STOCKTON HILL RD         ___________________
          KINGMAN, AZ 86409             ___________________
Business Phone:     (928)529-5333       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160093

NANCY CARMODY
HONOLULU CLUB
P O BOX 27
YUCCA AZ 86438

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06080007         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: HONOLULU CLUB                 _________________
          12192 FRONTAGE RD 4TH ST. & 6TH AVE  ___________________
          YUCCA, AZ 86438               _________________
Business Phone:     (928)766-2554       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160094

JOSEPH ERCALO COLIANNO, JR.
COLIANNO'S FAMILY PIZZA PARLOR INC
COLIANNO'S INC
2260 COCONINO PLACE
BULLHEAD CITY AZ 86442

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06083000         Renew? ______Yes_____No
Status:   Active           Status Date:     7/10/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOSEPH ERCALO COLIANNO, JR.   __________________
Location: COLIANNO'S INC                __________________
          2200 HWY 95                   __________________
          BULLHEAD CITY, AZ 86442       __________________
Business Phone:     (928)758-7104       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160095

BRICE THOMAS ZELLER
MINESHAFT LLC
MINESHAFT
P O BOX 4728
YUMA AZ 85366

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06145001         Renew? ______Yes_____No
Status:   Active           Status Date:     8/19/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BRICE THOMAS ZELLER           _________________
Location: MINESHAFT                     _________________
          3905 S 4 AVE                  _________________
          YUMA, AZ 85365                _________________
Business Phone:     (928)317-1110       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160096

JEFFREY ALAN PHILLIPS
BRYLOR INC
JEFF'S RIVERMART
1901 HWY 95
BULLHEAD CITY AZ 86442

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083200         Renew? ______Yes_____No
Status:   Active           Status Date:     8/6/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JEFFREY ALAN PHILLIPS         ___________________
Location: JEFF'S RIVERMART              ___________________
          1901 HWY 95                   ___________________
          BULLHEAD CITY, AZ 86442       ___________________
Business Phone:     (928)758-1112       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160097

ANDREA HAYDA GUERRERO
SOMERTON BLUERIDGE DEVELOPMENT LLC
SUPER GAS
P O BOX 766
SOMERTON AZ 85350

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10143162         Renew? ______Yes_____No
Status:   Active           Status Date:     12/18/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA HAYDA GUERRERO         ___________________
Location: SUPER GAS                     ___________________
          611 E MAIN ST                 ___________________
          SOMERTON, AZ 85350            ___________________
Business Phone:     (928)627-1071       __________

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

RG160098

ROBERT LEE CLARK
BPO ELKS #476
BPO ELKS #476
P O BOX 4577
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14143008         Renew? ______Yes_____No
Status:   Active           Status Date:     5/28/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT LEE CLARK              _________________
Location: BPO ELKS #476                 _________________
          1917 W 32ND ST                _________________
          YUMA, AZ 85364                _________________
Business Phone:     (928)783-6922       __________

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

RG160099

JAMES VERNON CASTLE
MARTINEZ LAKE RESORT INC
MARTINEZ LAKE CANTINA & RESTAURANT
P O BOX 72245
MARTINEZ LAKE AZ 85365

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06140030         Renew? ______Yes_____No
Status:   Active           Status Date:     2/14/1994
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES VERNON CASTLE           ___________________
Location: MARTINEZ LAKE CANTINA & RESTAURANT___________________
          MARTINEZ LAKE RD / STAR RTE 4   ___________________
          MARTINEZ LAKE, AZ 85365         ___________________
Business Phone:     (928)783-0253         __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160100

GREGORY CALVIN BURNETT
HAVASU SPRINGS RESORT INC
HAVASU SPRINGS RESORT
2581 HWY 95
PARKER AZ 85344

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06150003         Renew? ______Yes_____No
Status:   Active           Status Date:     8/5/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GREGORY CALVIN BURNETT        ___________________
Location: HAVASU SPRINGS RESORT         ___________________
          HWY 95 1/2 MI N OF PARKER DAM   ___________________
          PARKER, AZ 85344              ___________________
Business Phone:     (928)667-3361       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00

-------------------------------------------------------------------------------
License#  10150003         Renew? ______Yes_____No
Status:   Active           Status Date:     8/5/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GREGORY CALVIN BURNETT        ___________________
Location: HAVASU SPRINGS RESORT         ___________________
          HWY 95 1/2 MI N OF PARKER DAM   ___________________
          PARKER, AZ 85344              ___________________
Business Phone:     (928)667-3361       __________

Renewal Fees:
     License Renewal:                   50.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160101

ANNAMARIE ELIZABETH SHIELDS
FISHERMAN'S LANDING
P O BOX 23
MEADVIEW AZ 86444

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06080012         Renew? ______Yes_____No
Status:   Active           Status Date:     7/28/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: FISHERMAN'S LANDING           _________________
          290 E PUEBLO DRIVE            _________________
          MEADVIEW, AZ 86444            _________________
Business Phone:     (928)564-2100       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160102

GURVINDER SINGH AUJLA
QUARTZSITE PETRO GROUP LLC
PARK PLACE TRAVEL CENTER-ARCO AM/PM
3159 W BUCKEYE RD
PHOENIX AZ 85009

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10153042         Renew? ______Yes_____No
Status:   Active           Status Date:     9/14/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GURVINDER SINGH AUJLA         ___________________
Location: PARK PLACE TRAVEL CENTER-ARCO AM/PM___________________
          185 N RIGGLES ROAD            ___________________
          QUARTZSITE, AZ 85346          ___________________
Business Phone:     (928)927-3600       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160103

H J LEWKOWITZ
APPLE YUMA FOOTHILLS INC
APPLEBEE'S NEIGHBORHOOD GRILL & BAR
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143109         Renew? ______Yes_____No
Status:   Active           Status Date:     10/27/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 _________________
Location: APPLEBEE'S NEIGHBORHOOD GRILL & BAR_________________
          11274 S FORTUNA RD PAD #G     _________________
          YUMA, AZ 85367                _________________
Business Phone:     (928)305-9200       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160104

JARED MICHAEL REPINSKI
CORREA'S MEXICAN & SEAFOOD RESTAURANT LLC
HUMBERTOS MEXICAN FOOD
P O BOX 6252
CHANDLER AZ 85246

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 12083477 Renew? _____Yes_____No
Status: Active Status Date: 1/10/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JARED MICHAEL REPINSKI _____
Location: HUMBERTOS MEXICAN FOOD _____
4508 HWY 95 STE J-K _____
FORT MOHAVE, AZ 86426 _____
Business Phone: (928)299-5008 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

License# 12083552 Renew? _____Yes_____No
Status: Active Status Date: 5/26/2016
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JARED MICHAEL REPINSKI _____
Location: CORREA'S MEXICAN & SEAFOOD RESTAURANT_____
4470 S HWY 95 # 1, 2, 3 _____
FORT MOHAVE, AZ 86426 _____
Business Phone: (928)758-1100 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners,

partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160105

SEO OK PAK
MAKI SUSHI
1570 PASEO-GRANDE #1032
BULLHEAD CITY AZ 86442

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083363         Renew? ______Yes_____No
Status:   Active           Status Date:     7/15/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: MAKI SUSHI                    _________________
          1970 HWY 95                   _________________
          BULLHEAD CITY, AZ 86442       _________________
Business Phone:     (928)763-2522       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160106

TINA C ROWE
MOON RIVER RESORT INC
MOON RIVER RV RESORT
1325 BOUNDARY CONE RD
MOHAVE VALLEY AZ 86440

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083112         Renew? ______Yes_____No
Status:   Active           Status Date:     8/12/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TINA C ROWE                   _________________
Location: MOON RIVER RV RESORT          _________________
          1325 E BOUNDARY CONE RD       _________________
          MOHAVE VALLEY, AZ 86440       _________________
Business Phone:     (928)788-6666       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160107

TIMOTHY LAWRENCE SHUGRUE
EVERYTHING'S JAKE LLC
MAD DOG'S BAR & GRILL
2048 MCCULLOCH BLVD
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06080032         Renew? ______Yes_____No
Status:   Active           Status Date:     4/20/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TIMOTHY LAWRENCE SHUGRUE      ___________________
Location: MAD DOG'S BAR & GRILL         ___________________
          2048 MCCULLOCH BLVD           ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (520)505-5253       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160108

MICHAEL NEAL BARTELT
CCC INC
CHAPARRAL COUNTRY CLUB
1260 E MOHAVE DR
RIVIERA AZ 86442

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07080004         Renew? ______Yes_____No
Status:   Active           Status Date:     8/16/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL NEAL BARTELT          _________________
Location: CHAPARRAL COUNTRY CLUB        _________________
          1260 E MOHAVE DR              _________________
          RIVIERA, AZ 86442             _________________
Business Phone:     (928)758-3939       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00

-------------------------------------------------------------------------------
License#  14080001         Renew? ______Yes_____No
Status:   Active           Status Date:     8/16/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL NEAL BARTELT          _________________
Location: CHAPARRAL COUNTRY CLUB        _________________
          1260 E MOHAVE DR              _________________
          RIVIERA, AZ 86442             _________________
Business Phone:     (928)758-3939       __________

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

RG160109

GERALD LYNN HINKLE, JR.
YUMA COUNTY AIRPORT AUTHORITY INC
YUMA INTERNATIONAL AIRPORT RESTAURANT
2191 E 32ND ST STE 218
YUMA AZ 85365

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12141027         Renew? ______Yes_____No
Status:   Active           Status Date:     4/23/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GERALD LYNN HINKLE, JR.       ___________________
Location: YUMA INTERNATIONAL AIRPORT RESTAURANT___________________
          2191 E 32ND ST                ___________________
          YUMA, AZ 85365                ___________________
Business Phone:     (928)726-5882       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160110

RONALD ALLEN WOOD
BARON FUEL INC
BARON FUELS
P.O. BOX 5562
YUMA AZ 85366

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10143040         Renew? ______Yes_____No
Status:   Active           Status Date:     8/6/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RONALD ALLEN WOOD             ___________________
Location: BARON FUELS                   ___________________
          2315 E HWY 95                 ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)783-4996       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160111

JAMES CHARLES ROSCOE
AMERICAN LEGION #14
AMERICAN LEGION #14
225 OAK ST
KINGMAN AZ 86401

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14080015         Renew? ______Yes_____No
Status:   Active           Status Date:     8/11/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES CHARLES ROSCOE          ___________________
Location: AMERICAN LEGION #14           ___________________
          225 OAK ST                    ___________________
          KINGMAN, AZ 86401             ___________________
Business Phone:     (928)753-3555       __________

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

RG160112

BRICE THOMAS ZELLER
WAYLON'S WATER WORLD LLC
WAYLON'S WATER WORLD
4446 COUNTY 10TH ST
YUMA AZ 85365

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06140049         Renew? ______Yes_____No
Status:   Inactive         Status Date:     6/15/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BRICE THOMAS ZELLER           _________________
Location: WAYLON'S WATER WORLD          _________________
          4446 E COUNTY 10TH ST         _________________
          YUMA, AZ 85365                _________________
Business Phone:     (928)726-6000       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160113

ANDREA DAHLMAN LEWKOWITZ
MCRT ARIZONA BEVERAGE MANAGEMENT LLC
HOMEWOOD SUITES BY HILTON YUMA
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07143500         Renew? ______Yes_____No
Status:   Active           Status Date:     8/11/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      ___________________
Location: HOMEWOOD SUITES BY HILTON YUMA___________________
          1955 E 16TH ST                ___________________
          YUMA, AZ 85365                ___________________
Business Phone:     (928)782-4100       __________

Renewal Fees:
     License Renewal:                   75.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160114

ROBERT H LUTES
LUTES ENTERPRISES INC
LUTES CASINO
221 S MAIN STREET
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06140024         Renew? ______Yes_____No
Status:   Active           Status Date:     8/2/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT H LUTES                _________________
Location: LUTES CASINO                  _________________
          221 MAIN                      _________________
          YUMA, AZ 85364                _________________
Business Phone:     (928)782-2192       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160115

CHRIS NICHOLAS MILLER
WINGS WEST TWO LLC
BUFFALO WILD WINGS GRILL & BAR
PO BOX 6551
C/O CHRIS MILLER
YUMA AZ 85366

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083343         Renew? ______Yes_____No
Status:   Active           Status Date:     12/6/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHRIS NICHOLAS MILLER         ___________________
Location: BUFFALO WILD WINGS GRILL & BAR___________________
          2040 HWY 95                   ___________________
          BULLHEAD CITY, AZ 86442       ___________________
Business Phone:                         __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160116

JODI L VURNOVAS
GOOD 2 GO STORES LLC
GOOD 2 GO
P O BOX 50620
IDAHO FALLS ID 83405

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083297         Renew? ______Yes_____No
Status:   Active           Status Date:     5/3/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JODI L VURNOVAS               ___________________
Location: GOOD 2 GO                     ___________________
          915 W BEALE ST                ___________________
          KINGMAN, AZ 86401             ___________________
Business Phone:     (928)718-0088       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  10143177         Renew? ______Yes_____No
Status:   Active           Status Date:     5/3/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JODI L VURNOVAS               ___________________
Location: GOOD 2 GO                     ___________________
          1600 S AVE B                  ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)782-1020       __________

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
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

RG160117

ALTON WARD FLOYD
REDNECK'S SOUTHERN PIT BARBECUE LLC
FLOYD & COMPANY REAL PIT BBQ
420 E BEALE ST
KINGMAN AZ 86401

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083442         Renew? ______Yes_____No
Status:   Active           Status Date:     8/3/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ALTON WARD FLOYD              ___________________
Location: FLOYD & COMPANY REAL PIT BBQ  ___________________
          420 E BEALE ST                ___________________
          KINGMAN, AZ 86401             ___________________
Business Phone:     (928)757-8227       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160118

ISABEL VIDAURRI SANDOV SERRANO
CASA SERRANO MEXICAN REST INC
CASA SERRANO MEXICAN RESTAURANT
1885 HWY 95
BULLHEAD CITY AZ 86442

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12081037         Renew? ______Yes_____No
Status:   Active           Status Date:     8/24/1989
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ISABEL VIDAURRI SANDOV SERRANO_________________
Location: CASA SERRANO MEXICAN RESTAURANT_________________
          5230 HWY 95                   _________________
          MOHAVE VALLEY, AZ 86430       _________________
Business Phone:     (928)758-6018       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160119

GERALD ARTHUR ANGER
VFW 6306
V F W #6306
P O BOX 759
TOPOCK AZ 86436

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14080009         Renew? ______Yes_____No
Status:   Active           Status Date:     8/5/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GERALD ARTHUR ANGER           ___________________
Location: V F W #6306                   ___________________
          12858 S OATMAN TOPOCK HWY     ___________________
          TOPOCK, AZ 86436              ___________________
Business Phone:     (928)768-3033       __________

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

RG160120

MICHELE LYN LIN
LIN'S LITTLE CHINA INC
LIN'S LITTLE CHINA
1632 MCCULLOCH BLVD
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083458         Renew? ______Yes_____No
Status:   Active           Status Date:     4/13/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHELE LYN LIN               _________________
Location: LIN'S LITTLE CHINA            _________________
          1632 MCCULLOCH BLVD           _________________
          LAKE HAVASU CITY, AZ 86403    _________________
Business Phone:     (928)453-9295       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160121

NADHIM BASHIR MATI
J.R.M.S. LLC
ALL STAR MARKET
2698 E HWY 95
YUMA AZ 85365

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09143000         Renew? ______Yes_____No
Status:   Active           Status Date:     9/12/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NADHIM BASHIR MATI            ___________________
Location: ALL STAR MARKET               ___________________
          2698 E HWY 95                 ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)317-0220       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160122

SHARON LEE HONSBERGER
TAMARACK CAFE & TAVERN LLC
TAMARACK CAFE & TAVERN
P O BOX 7001
ROLL AZ 85347

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06140050         Renew? ______Yes_____No
Status:   Active           Status Date:     10/30/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SHARON LEE HONSBERGER         ___________________
Location: TAMARACK CAFE & TAVERN        ___________________
          4855 AVE 38E                  ___________________
          ROLL, AZ 85347                ___________________
Business Phone:     (928)785-9062       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160123

RUSSELL L JEMISON
AMERICAN LEGION #22
AMERICAN LEGION #22
3435 N VERDE RD
GOLDEN VALLEY AZ 86413

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14081003         Renew? ______Yes_____No
Status:   Active           Status Date:     8/1/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RUSSELL L JEMISON             ___________________
Location: AMERICAN LEGION #22           ___________________
          3435 N VERDE RD               ___________________
          GOLDEN VALLEY, AZ 86413       ___________________
Business Phone:     (928)565-4545       __________

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

RG160124

GARY R SEXTON, SR.
VITO'S ITALIAN CUSINE INC
VITO'S PIZZA
P O BOX 6153
KINGMAN AZ 86401

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07080011         Renew? ______Yes_____No
Status:   Active           Status Date:     8/5/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GARY R SEXTON, SR.            ___________________
Location: VITO'S PIZZA                  ___________________
          2775 NORTHERN AVE             ___________________
          KINGMAN, AZ 86401             ___________________
Business Phone:     (520)757-7663       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160125

SHANNON MARIE MASON
SHAVO GOLF LLC
MESA DEL SOL GOLF CLUB
11305 E VIA CANADA
C/O SHAVO GOLF LLC
YUMA AZ 85367

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06140022         Renew? ______Yes_____No
Status:   Active           Status Date:     12/2/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SHANNON MARIE MASON           ___________________
Location: MESA DEL SOL GOLF CLUB        ___________________
          12213 CALLE DEL CID           ___________________
          YUMA, AZ 85367                ___________________
Business Phone:     (928)342-1283       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160126

DEBRA LEE PULIDO
MONSOON RESTAURANT GROUP LLC
WIENERSCHNITZEL #673
2085 JAMAICA BLVD S
LAKE HAVASU CITY AZ 86406

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07080077         Renew? ______Yes_____No
Status:   Active           Status Date:     8/4/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DEBRA LEE PULIDO              ___________________
Location: WIENERSCHNITZEL #673          ___________________
          245 N LAKE HAVASU AVE         ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)854-2811       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160127

MARIA CARMEN GALVAN
PALOMAS BAR
P O BOX 3174
DATELAND AZ 85333

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07140020         Renew? ______Yes_____No
Status:   Active           Status Date:     4/21/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: PALOMAS BAR                   _________________
          6995 N AVE 64E                _________________
          DATELAND, AZ 85333            _________________
Business Phone:     (928)246-9198       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160128

ROBERT JOHN GREUFE
LOVE'S TRAVEL STOPS & COUNTRY STORES INC
LOVE'S TRAVEL STOP #272
P O BOX 26210
ATTN LICENSING DEPT
OKLAHOMA CITY OK 73126-0210

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 10083120 Renew? _____Yes_____No
Status: Active Status Date: 9/25/2002
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT JOHN GREUFE _____
Location: LOVE'S TRAVEL STOP #272 _____
6035 E MINERVA LN _____
KINGMAN, AZ 86401 _____
Business Phone: (405)751-9000 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10083227 Renew? _____Yes_____No
Status: Active Status Date: 5/14/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT JOHN GREUFE _____
Location: LOVE'S TRAVEL STOPS #386 _____
14875 S HIGHWAY 95 _____
LAKE HAVASU CITY, AZ 86404 _____
Business Phone: (928)764-1505 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10143110 Renew? _____Yes_____No
Status: Active Status Date: 10/31/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT JOHN GREUFE _____
Location: LOVE'S TRAVEL STOP #349 _____
2931 E GILA RIDGE RD _____
YUMA, AZ 85365 _____
Business Phone: (928)341-9100 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10153021 Renew? _____Yes_____No
Status: Active Status Date: 3/31/1998
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT JOHN GREUFE _____
Location: LOVE'S COUNTRY STORES #286 _____
760 S QUARTZSITE BLVD _____
QUARTZSITE, AZ 85346 _____
Business Phone: (928)927-8570 _____

Renewal Fees:
License Renewal: 50.00

ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160129

MI RYONG CHOE
SALOME SHOPPING CENTER LLC
SALOME SHOPPING CENTER
P O BOX 399
SALOME AZ 85348

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09150011         Renew? ______Yes_____No
Status:   Active           Status Date:     3/9/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MI RYONG CHOE                 ___________________
Location: SALOME SHOPPING CENTER        ___________________
          67230 HWY 60                  ___________________
          SALOME, AZ 85348              ___________________
Business Phone:     (928)859-3445       __________

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
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160130

JERAD EDWIN PENNINGTON
ON THE HOUSE LLC
PENNINGTON'S PUB
2971 DOGWOOD CT
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06085001         Renew? ______Yes_____No
Status:   Active           Status Date:     10/31/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JERAD EDWIN PENNINGTON        ___________________
Location: PENNINGTON'S PUB              ___________________
          29 S ACOMA BLVD               ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)680-5555       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160131

GEORGE SAEDE JAJO
CHALDEAN LLC
SUNSHINE MARKET & LIQUOR
4076 W 17TH ST
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09140013         Renew? ______Yes_____No
Status:   Active           Status Date:     10/29/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GEORGE SAEDE JAJO             ___________________
Location: SUNSHINE MARKET & LIQUOR      ___________________
          1997 AVE B                    ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)329-4387       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160132

TIMOTHY LEON CHLEBOWSKI, SR.
V F W #10005
V F W #10005
1611 MARBLE CANYON RD
BULLHEAD CITY AZ 86442

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14080021         Renew? ______Yes_____No
Status:   Active           Status Date:     8/23/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TIMOTHY LEON CHLEBOWSKI, SR.  __________________
Location: V F W #10005                  __________________
          1611 MARBLE CANYON RD         __________________
          BULLHEAD CITY, AZ 86442       __________________
Business Phone:     (928)758-7808       __________

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

RG160133

BRYAN LOUIS KRILL
CHICO'S TACOS OF ARIZONA INC
CHICO'S TACOS
1641 MCCULLOCH BLVD #21 & 22
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12081117         Renew? ______Yes_____No
Status:   Active           Status Date:     8/1/1997
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BRYAN LOUIS KRILL             _________________
Location: CHICO'S TACOS                 _________________
          1641 MCCULLOCH BLVD #21 & 22   __________________
          LAKE HAVASU CITY, AZ 86403    _________________
Business Phone:     (928)680-7010       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160134

RAUL R URENA TAYLOR
VR WHOLESALE INC
VR WHOLESALE
P O BOX 11153
SAN LUIS AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  04143004         Renew? ______Yes_____No
Status:   Active           Status Date:     3/27/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RAUL R URENA TAYLOR           ___________________
Location: VR WHOLESALE                  ___________________
          1345 N MAIN ST #B             ___________________
          SAN LUIS, AZ 85349            ___________________
Business Phone:     (928)627-0889       __________

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

RG160135

ANDREA DAHLMAN LEWKOWITZ
MAX MINI MART LTD
MAX GAS & GRUB
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09080044         Renew? ______Yes_____No
Status:   Active           Status Date:     7/25/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      __________________
Location: MAX GAS & GRUB                __________________
          1571 S PALO VERDE BLVD        __________________
          LAKE HAVASU CITY, AZ 86403    __________________
Business Phone:     (928)854-1570       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  10083275         Renew? ______Yes_____No
Status:   Active           Status Date:     11/18/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      __________________
Location: SUNDANCE COUNTRY MOBIL        __________________
          121 N LAKE HAVASU AVE         __________________
          LAKE HAVASU CITY, AZ 86403    __________________
Business Phone:     (928)855-2700       __________

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
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

RG160136

RUDOLPH VALENTINO CANDITO
REBEL MANAGEMENT ENTERPRISES LLC
REBEL BBQ
25 N ACOMA BLVD
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083532         Renew? ______Yes_____No
Status:   Active           Status Date:     10/14/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RUDOLPH VALENTINO CANDITO     ___________________
Location: REBEL BBQ                     ___________________
          25 N ACOMA BLVD               ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)764-5550       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160137

DONALD CLAIR STETSON
STETSON WINERY LLC
STETSON WINERY
6899 E BROOKS BLVD
KINGMAN AZ 86401

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07080103         Renew? ______Yes_____No
Status:   Active           Status Date:     3/27/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DONALD CLAIR STETSON          _________________
Location: STETSON WINERY                _________________
          10965 N MOONSCAPE WAY         _________________
          KINGMAN, AZ 86401             _________________
Business Phone:     (928)757-7206       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00

-------------------------------------------------------------------------------
License#  13083002         Renew? ______Yes_____No
Status:   Active           Status Date:     1/19/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DONALD CLAIR STETSON          _________________
Location: STETSON WINERY                _________________
          10965 N MOONSCAPE WAY         _________________
          KINGMAN, AZ 86401             _________________
Business Phone:     (928)757-7206       __________

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

RG160138

ISABEL VIDAURRI SANDOV SERRANO
ASIS SERRANO INC
CASA SERRANO OF LAKE HAVASU MEXICAN RESTAURANT
1885 HWY 95
BULLHEAD CITY AZ 86442

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083362         Renew? ______Yes_____No
Status:   Active           Status Date:     8/5/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ISABEL VIDAURRI SANDOV SERRANO_________________
Location: CASA SERRANO OF LAKE HAVASU  MEXICAN RESTAURANT_________________
          150 SWANSON AVE              _________________
          LAKE HAVASU CITY, AZ 86403   _________________
Business Phone:     (928)758-6018      __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                 500.00
     ARS 4-209 K Sur-Charge:           35.00
     Audit Sur-Charge:                 30.00
     ARS 4-209 L Sur-Charge:           20.00
     Total:                           585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160139

JERRY V HOUSKA
D PLACE CAFE
2100 JOANN
BULLHEAD CITY AZ 86442

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12081046         Renew? ______Yes_____No
Status:   Active           Status Date:     1/18/1990
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: D PLACE CAFE                  _________________
          4280 S HWY 95                 _________________
          FORT MOHAVE, AZ 86427         _________________
Business Phone:     (520)763-6362       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160140

CLARENCE G SMYTHE
FRATERNAL ORDER OF EAGLES FOOTHILLS AERIE 4538
FRATERNAL ORDER OF EAGLES FOOTHILLS AERIE 4538
11274 S FORTUNA RD STE# B 8-9
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14143009         Renew? ______Yes_____No
Status:   Active           Status Date:     1/12/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CLARENCE G SMYTHE             _________________
Location: FRATERNAL ORDER OF EAGLES FOOTHILLS AERIE 4538_________________
          11274 S FORTUNA RD STE#B 8-9   _________________
          YUMA, AZ 85367                 _________________
Business Phone:     (928)247-9469       __________

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

RG160141

JAMES EDWARD SHAFFER
HIDEAWAY
P O BOX 4339
YUMA AZ 85366

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06140039         Renew? ______Yes_____No
Status:   Inactive         Status Date:     4/3/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: HIDEAWAY                      _________________
          300 W 15TH ST                 _________________
          YUMA, AZ 85364                _________________
Business Phone:     (928)580-5047       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160142

MIGUEL CHAVARIN ANGUIANO
MI BURRITO
790 N LAKE HAVASU AVE #25
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07150014 Renew? _____Yes_____No
Status: Active Status Date: 1/31/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: _____
Location: MI BURRITO _____
3234 PARKER DAM RD _____
PARKER, AZ 85344 _____
Business Phone: (928)486-1448 _____

Renewal Fees:

License Renewal:	75.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	175.00

License# 12083540 Renew? _____Yes_____No
Status: Active Status Date: 12/23/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: _____
Location: MI BURRITO _____
790 N LAKE HAVASU AVE #25 _____
LAKE HAVASU CITY, AZ 86403 _____
Business Phone: (928)453-5055 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160143

ALAN TODD
TRI M MINI MART INC
TRI M MINI MART
250 SWANSON
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083012         Renew? ______Yes_____No
Status:   Active           Status Date:     8/27/1996
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ALAN  TODD                    _________________
Location: TRI M MINI MART               _________________
          250 SWANSON                   _________________
          LAKE HAVASU CITY, AZ 86403    _________________
Business Phone:     (520)453-8746       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160144

JARED MICHAEL REPINSKI
EDDIE'S GRILL LLC
EDDIE'S GRILL
P O BOX 6252
CHANDLER AZ 85246

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143203         Renew? ______Yes_____No
Status:   Active           Status Date:     5/18/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JARED MICHAEL REPINSKI        ___________________
Location: EDDIE'S GRILL                 ___________________
          2970 S 4TH AVE                ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)726-9235       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160145

JARED MICHAEL REPINSKI
HUMBERTOS BULLHEAD CITY LLC
HUMBERTOS MEXICAN FOOD
P O BOX 6252
CHANDLER AZ 85246

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083550         Renew? ______Yes_____No
Status:   Active           Status Date:     4/13/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JARED MICHAEL REPINSKI        ___________________
Location: HUMBERTOS MEXICAN FOOD        ___________________
          1136 HWY 95                   ___________________
          BULLHEAD CITY, AZ 86429       ___________________
Business Phone:     (928)754-1313       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160146

BRADLEY JOHN LARSEN
ROSIE'S DEN LLC
ROSIE'S DEN
19949 HWY 93
WHITE HILLS AZ 86445

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07080044         Renew? ______Yes_____No
Status:   Active           Status Date:     1/21/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BRADLEY JOHN LARSEN           _________________
Location: ROSIE'S DEN                   _________________
          19949 HWY 93                  _________________
          WHITE HILLS, AZ 86445         _________________
Business Phone:     (928)767-3348       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00

-------------------------------------------------------------------------------
License#  12083541         Renew? ______Yes_____No
Status:   Active           Status Date:     1/21/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BRADLEY JOHN LARSEN           _________________
Location: ROSIE'S DEN                   _________________
          19949 HWY 93                  _________________
          WHITE HILLS, AZ 86445         _________________
Business Phone:     (928)767-3348       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                   500.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             20.00
     Total:                             585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160147

ROGER KENNETH BURTON
WESTERN REFINING RETAIL LLC
GIANT STORE # 635
1250 W WASHINGTON ST #101
TEMPE AZ 85281

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 10143163 Renew? _____Yes_____No
Status: Active Status Date: 5/14/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROGER KENNETH BURTON _____
Location: GIANT STORE # 635 _____
2830 S PACIFIC AVE _____
YUMA, AZ 85364 _____
Business Phone: (928)726-4766 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10143164 Renew? _____Yes_____No
Status: Active Status Date: 5/14/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROGER KENNETH BURTON _____
Location: GIANT STORE # 637 _____
895 S 4TH AVE _____
YUMA, AZ 85364 _____
Business Phone: (928)783-6121 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10143165 Renew? _____Yes_____No
Status: Active Status Date: 5/14/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROGER KENNETH BURTON _____
Location: GIANT STORE # 638 _____
2900 S 4TH AVE _____
YUMA, AZ 85364 _____
Business Phone: (928)344-1417 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10143166 Renew? _____Yes_____No
Status: Active Status Date: 5/14/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROGER KENNETH BURTON _____
Location: GIANT STORE # 640 _____
351 E 16TH ST _____
YUMA, AZ 85364 _____
Business Phone: (928)819-0268 _____

Renewal Fees:
License Renewal: 50.00

```
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00

-------------------------------------------------------------------------------
License#  10143167         Renew? ______Yes_____No
Status:   Active           Status Date:     5/14/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROGER KENNETH BURTON          ___________________
Location: GIANT STORE # 636             ___________________
          3200 E 32ND ST                ___________________
          YUMA, AZ 85365                ___________________
Business Phone:     (928)344-0160       __________

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#  10143168         Renew? ______Yes_____No
Status:   Active           Status Date:     5/14/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROGER KENNETH BURTON          ___________________
Location: GIANT STORE # 639             ___________________
          2381 S AVE B                  ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)376-6573       __________

Renewal Fees:
     License Renewal:                   50.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00

-------------------------------------------------------------------------------
License#  10143169         Renew? ______Yes_____No
Status:   Active           Status Date:     5/14/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROGER KENNETH BURTON          ___________________
Location: GIANT STORE # 641             ___________________
          10800 E N FRONTAGE RD         ___________________
          YUMA, AZ 85367                ___________________
Business Phone:     (928)342-2696       __________

Renewal Fees:
     License Renewal:                   50.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____

Name Street City County Zip

2) _____ _____

Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____

(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____

Month Year

My commission expires on: _____

_____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160148

RANDY D NATIONS
IDAHO JIMMY'S INC
POUR HOUSE
PO BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06080006         Renew? ______Yes_____No
Status:   Active           Status Date:     2/19/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: POUR HOUSE                    ___________________
          845 HANCOCK RD                ___________________
          BULLHEAD CITY, AZ 86442       ___________________
Business Phone:     (928)758-9740       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00

-------------------------------------------------------------------------------
License#  06080015         Renew? ______Yes_____No
Status:   Active           Status Date:     8/21/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: SAND BAR                      ___________________
          1654 HWY 95                   ___________________
          BULLHEAD CITY, AZ 86430       ___________________
Business Phone:     (520)763-3742       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160149

BEVERLY J HINSLEY
HINSLEY BEVERLY JTWROS
CANYON TIRE & AUTO
1041 S ACOMA BLVD
LAKE HAVASU CITY AZ 86406

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10081068         Renew? ______Yes_____No
Status:   Active           Status Date:     5/28/1991
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BEVERLY J HINSLEY             ___________________
Location: CANYON TIRE & AUTO            ___________________
          1041 S ACOMA BLVD             ___________________
          LAKE HAVASU CITY, AZ 86406    ___________________
Business Phone:     (928)453-2222       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160150

MICHAEL STEPHEN SIMPSON, JR.
SIMPSON ASSETS LLC
CHAMPS PUB & GRILL
3683 N HARVARD ST
KINGMAN AZ 86409

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07080025         Renew? ______Yes_____No
Status:   Inactive         Status Date:     2/8/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL STEPHEN SIMPSON, JR.  ___________________
Location: CHAMPS PUB & GRILL            ___________________
          2215 E BUTLER AVE             ___________________
          KINGMAN, AZ 86409             ___________________
Business Phone:     (928)681-1880       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160151

SILVIA A BELTRAN CASTRO
LA CASA DEL POLLO
2097 KINGSTON DR
BULLHEAD CITY AZ 86442

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083526         Renew? ______Yes_____No
Status:   Active           Status Date:     9/28/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: LA CASA DEL POLLO             _________________
          2064 HWY 95 STE 6             _________________
          BULLHEAD CITY, AZ 86442       _________________
Business Phone:     (928)299-5040       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160152

RANDY D NATIONS
SAMURAI GEN LLC
SAMURAI JAPANESE STEAK HOUSE & SUSHI
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083491         Renew? ______Yes_____No
Status:   Active           Status Date:     10/15/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: SAMURAI JAPANESE STEAK HOUSE & SUSHI___________________
          2019 HWY 95                   ___________________
          BULLHEAD CITY, AZ 86442       ___________________
Business Phone:     (928)704-3777       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160153

TIMOTHY LAWRENCE SHUGRUE
MAKAI CORP
MAKAI CAFE
1425 MCCULLOUGH BLVD STE L
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07080010 Renew? _____Yes_____No
Status: Active Status Date: 12/7/2001
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: TIMOTHY LAWRENCE SHUGRUE _____
Location: MAKAI CAFE _____
1425 MCCULLOCH BLVD STE L _____
LAKE HAVASU CITY, AZ 86403 _____
Business Phone: (520)505-2233 _____

Renewal Fees:

License Renewal:	75.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	175.00

License# 12081016 Renew? _____Yes_____No
Status: Active Status Date: 4/19/1988
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MARK STEVEN SHUGRUE _____
Location: SHUGRUE'S RESTAURANT BAKERY & BAR_____
1425 MCCULLOUGH BLVD BLD B _____
LAKE HAVASU CITY, AZ 86403 _____
Business Phone: (520)453-1400 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

License# 12083159 Renew? _____Yes_____No
Status: Active Status Date: 10/13/2000
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: TIMOTHY LAWRENCE SHUGRUE _____
Location: MAKAI CAFE _____
1425 MCCULLOCH BLVD STE L _____
LAKE HAVASU CITY, AZ 86403 _____
Business Phone: (520)505-2233 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160154

SHAHIR SAMY BARSOUM
BARSOUM & SAMUEL INC
MC'S MARKET
3303 N HWY 95
PARKER AZ 85344

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09150020         Renew? ______Yes_____No
Status:   Active           Status Date:     8/9/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SHAHIR SAMY BARSOUM           ___________________
Location: MC'S MARKET                   ___________________
          3303 RIVERSIDE DR             ___________________
          PARKER, AZ 85344              ___________________
Business Phone:     (520)667-2231       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160155

ALI M ANBARDAN
K-1 INVESTMENTS INC
AL'S 93 USA FUEL
3115 STOCKTON HILL
KINGMAN AZ 86401

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10081049         Renew? ______Yes_____No
Status:   Active           Status Date:     8/4/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ALI M ANBARDAN                _________________
Location: AL'S 93 USA FUEL              _________________
          3113 STOCKTON HILL RD         _________________
          KINGMAN, AZ 86401             _________________
Business Phone:     (928)753-5055       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160156

CARL EUGENE JACKSON
CARMEL MOON INC
TACO HACIENDA
2200 MESQUITE AVE
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083125         Renew? ______Yes_____No
Status:   Active           Status Date:     8/1/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CARL EUGENE JACKSON           ___________________
Location: TACO HACIENDA                 ___________________
          2200 MESQUITE AVE             ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)855-8932       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160157

ALBERTO CASTORENA
ECCO WIRELESS LLC
LAS PALAPAS TACO GRILL
3806 W 18TH ST
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143092         Renew? ______Yes_____No
Status:   Active           Status Date:     8/19/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ALBERTO  CASTORENA            ___________________
Location: LAS PALAPAS TACO GRILL        ___________________
          362 W 32ND ST                 ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)344-0317       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160158

THERESA JUNE MORSE
PAPA NICKS PIZZA K & J LLC
PARKER DAM PIZZA
530 E MCDOWELL RD #107-241
PHOENIX AZ 85004

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12153084         Renew? ______Yes_____No
Status:   Active           Status Date:     3/10/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THERESA JUNE MORSE            ___________________
Location: PARKER DAM PIZZA              ___________________
          3248 PARKER DAM RD            ___________________
          PARKER, AZ 85344              ___________________
Business Phone:     (928)667-3606       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160159

KENNETH CALVIN MEISER
MOOSE LODGE #1627
MOOSE LODGE #1627
13441 S FRONTAGE RD
YUMA AZ 85367

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14141001         Renew? ______Yes_____No
Status:   Active           Status Date:     8/11/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KENNETH CALVIN MEISER         ___________________
Location: MOOSE LODGE #1627             ___________________
          13441 S FRONTAGE RD           ___________________
          YUMA, AZ 85367                ___________________
Business Phone:     (928)342-3792       __________

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

RG160160

H J LEWKOWITZ
RIVER COCKTAILS LLC
COCKTAILS
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06080041         Renew? ______Yes_____No
Status:   Pending          Status Date:     5/26/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 _________________
Location: COCKTAILS                     _________________
          3935 HWY 95                   _________________
          BULLHEAD CITY, AZ 86442       _________________
Business Phone:     (928)758-4955       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160161

DURWOOD DENNIS COOK
COOK DURWOOD JTWROS
DESERT HILLS MINI MART
P O BOX 5512
LAKE HAVASU CITY AZ 86404

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083113         Renew? ______Yes_____No
Status:   Active           Status Date:     8/6/2002
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DURWOOD DENNIS COOK           ___________________
Location: DESERT HILLS MINI MART        ___________________
          3577 N LONDON BRIDGE RD       ___________________
          LAKE HAVASU CITY, AZ 86404    ___________________
Business Phone:     (928)764-3371       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160162

DEBORAH ANN WENDT
YUMA ART CENTER
YUMA ART CENTER
254 S MAIN ST
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  05143000         Renew? ______Yes_____No
Status:   Active           Status Date:     8/3/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DEBORAH ANN WENDT             ___________________
Location: YUMA ART CENTER               ___________________
          254 S MAIN ST                 ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)373-5214       __________

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

RG160163

NIRALI HETAL DAVE
FIRESIDE LLC
FIRESIDE BAR & LOUNGE
7465 E CONCHO DR
KINGMAN AZ 86401

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06080008         Renew? ______Yes_____No
Status:   Active           Status Date:     5/14/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NIRALI HETAL DAVE             _________________
Location: FIRESIDE BAR & LOUNGE         _________________
          1716 HOOVER ST                _________________
          KINGMAN, AZ 86401             _________________
Business Phone:     (928)753-9110       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00

-------------------------------------------------------------------------------
License#  09080032         Renew? ______Yes_____No
Status:   Active           Status Date:     2/25/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NIRALI HETAL DAVE             _________________
Location: BYERS LIQUOR & CONVENIENCE    _________________
          3019 NORTHERN AVE             _________________
          KINGMAN, AZ 86409             _________________
Business Phone:     (928)692-3977       __________

Renewal Fees:
     License Renewal:                   50.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160164

TINA LYNN HITT
TOPOCK MARINA HISTORIC ROUTE 66 LLC
TOPOCK MARINA
HC 12 BOX 515
TOPOCK AZ 86436

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083173         Renew? ______Yes_____No
Status:   Active           Status Date:     6/6/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TINA LYNN HITT                _________________
Location: TOPOCK MARINA                 _________________
          14999 OATMAN HWY              _________________
          TOPOCK, AZ 86436              _________________
Business Phone:     (928)768-2325       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  12083281         Renew? ______Yes_____No
Status:   Active           Status Date:     7/1/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TINA LYNN HITT                _________________
Location: TOPOCK MARINA                 _________________
          14999 OATMAN HWY              _________________
          TOPOCK, AZ 86436              _________________
Business Phone:     (928)768-2325       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                   500.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             20.00
     Total:                             585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160165

EARL L KEARNEY
EARL'S CASTLE INC
EARL'S AT THE CASTLE HOME COOKIN
491 LONG AVE
BULLHEAD CITY AZ 86429

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083257         Renew? ______Yes_____No
Status:   Active           Status Date:     9/13/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    EARL L KEARNEY                _________________
Location: EARL'S AT THE CASTLE HOME COOKIN_________________
          491 LONG AVE                  _________________
          BULLHEAD CITY, AZ 86429       _________________
Business Phone:     (928)754-1118       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160166

CHRISTINA MARY GRIPPO
ANGELINA'S ITALIAN CUISINE INC
ANGELINA'S ITALIAN CUISINE
1530 EL CAMINO DR
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083444         Renew? ______Yes_____No
Status:   Active           Status Date:     6/30/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHRISTINA MARY GRIPPO         ___________________
Location: ANGELINA'S ITALIAN CUISINE    ___________________
          1530 EL CAMINO DR             ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)680-3868       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160167

PETER JON NOVAL
JERZY BOYZ LLC
JERSEYS GRILL
2049 MCCULLOCH BLVD N
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083459         Renew? ______Yes_____No
Status:   Active           Status Date:     8/29/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PETER JON NOVAL               ___________________
Location: JERSEYS GRILL                 ___________________
          2049 MCCULLOCH BLVD N         ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)680-3663       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160168

ROBERTO CASTRO
EL MARIACHI
1851 WALNUT DR
LAKE HAVASU CITY AZ 86406

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083319         Renew? ______Yes_____No
Status:   Active           Status Date:     8/10/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: EL MARIACHI                   _________________
          141 SWANSON AVE #5            _________________
          LAKE HAVASU CITY, AZ 86403    _________________
Business Phone:     (928)505-8030       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00

-------------------------------------------------------------------------------
License#  12083443         Renew? ______Yes_____No
Status:   Active           Status Date:     8/9/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: AGAVES MEXICAN GRILL          _________________
          865 HANCOCK RD                _________________
          BULLHEAD CITY, AZ 86442       _________________
Business Phone:                         __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners,

partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160169

BETTY LORENE KING
8TH STREET TAVERN
1152 20TH AVE
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06140002         Renew? ______Yes_____No
Status:   Active           Status Date:     8/3/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: 8TH STREET TAVERN             _________________
          1300 W 8TH ST                 _________________
          YUMA, AZ 85364                _________________
Business Phone:     (520)783-0548       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160170

STEVE L BENTON
LA PAZ COUNTY
EMERALD CANYON GOLF COURSE
1108 S JOSHUA AVE
PARKER AZ 85344

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  05151000         Renew? ______Yes_____No
Status:   Active           Status Date:     8/1/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    STEVE L BENTON                _________________
Location: EMERALD CANYON GOLF COURSE    _________________
          7351 RIVERSIDE DR             _________________
          PARKER, AZ 85344              _________________
Business Phone:     (928)667-3366       __________

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

RG160171

JULIE ANN GOMEZ
JACK & ROSIE'S
1551 5TH ST
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06140026         Renew? ______Yes_____No
Status:   Active           Status Date:     8/6/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: JACK & ROSIE'S                _________________
          1551 W 5TH ST                 _________________
          YUMA, AZ 85364                _________________
Business Phone:     (928)783-9172       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160172

CLINTON THOMAS UNDERHILL
KCS HOLDINGS LLC
KRESS
284 S MAIN ST 2 3 4 FLOOR
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 06140045 Renew? _____Yes_____No
Status: Active Status Date: 5/30/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLINTON THOMAS UNDERHILL _____
Location: KRESS _____
284 S MAIN ST 2 3 4 FLOOR _____
YUMA, AZ 85364 _____
Business Phone: (928)782-1998 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 12143171 Renew? _____Yes_____No
Status: Active Status Date: 1/24/2011
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLINTON THOMAS UNDERHILL _____
Location: CHRETIN'S _____
505 E 16TH STREET _____
YUMA, AZ 85365 _____
Business Phone: (928)782-1291 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160173

DONALD WAYNE TURMAN
TUOES LLC
FOXS RV RESORT
6350 RIVERSIDE DR
PARKER AZ 85344

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06150005         Renew? ______Yes_____No
Status:   Active           Status Date:     8/6/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DONALD WAYNE TURMAN           ___________________
Location: FOXS RV RESORT                ___________________
          6350 RIVERSIDE DR             ___________________
          PARKER DAM, AZ 85344          ___________________
Business Phone:     (928)667-3444       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160174

GARY JAY WENGER
CRAZY HORSE CAMPGROUNDS LLC
CRAZY HORSE CAMPGROUNDS
34700 PACIFIC COAST HWY #303
CAPISTRANO BEACH CA 92624

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07080058         Renew? ______Yes_____No
Status:   Active           Status Date:     8/8/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GARY JAY WENGER               ___________________
Location: CRAZY HORSE CAMPGROUNDS       ___________________
          1534 BEACHCOMBER BLVD         ___________________
          LAKE HAVASU CITY, CA 86403    ___________________
Business Phone:     (928)855-4033       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00

-------------------------------------------------------------------------------
License#  10083240         Renew? ______Yes_____No
Status:   Active           Status Date:     8/8/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GARY JAY WENGER               ___________________
Location: CRAZY HORSE CAMPGROUNDS       ___________________
          1534 BEACHCOMBER BLVD         ___________________
          LAKE HAVASU CITY, CA 86403    ___________________
Business Phone:     (928)855-4033       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160175

RANDY JABORO
HILL TOP GROCERIES
3726 LONDON BRIDGE RD
LAKE HAVASU CITY AZ 86404

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083254         Renew? ______Yes_____No
Status:   Active           Status Date:     12/20/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: HILL TOP GROCERIES            _________________
          3726 LONDON BRIDGE RD         _________________
          LAKE HAVASU CITY, AZ 86404    _________________
Business Phone:     (928)746-1446       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160176

AMY S NATIONS
OCTANE LLC
OCTANE WINE GARAGE
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083510         Renew? ______Yes_____No
Status:   Active           Status Date:     8/18/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    AMY S NATIONS                 __________________
Location: OCTANE WINE GARAGE            __________________
          2198 MCCULLOCH BLVD           __________________
          LAKE HAVASU CITY, AZ 86403    __________________
Business Phone:     (928)680-6788       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160177

PATRICK JOSEPH PIRTLE
V F W #2357
V F W #2357
P O BOX 486
BOUSE AZ 85325

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14151002         Renew? ______Yes_____No
Status:   Active           Status Date:     8/3/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PATRICK JOSEPH PIRTLE         ___________________
Location: V F W #2357                   ___________________
          45190 HWY 72                  ___________________
          BOUSE, AZ 85325               ___________________
Business Phone:     (928)851-2857       __________

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

RG160178

DAN LYNN REED
GAS-N-GRUB LLC
GAS-N-GRUB
4518 STOCKTON HILL RD
KINGMAN AZ 86401

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083047         Renew? ______Yes_____No
Status:   Active           Status Date:     8/3/2000
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAN LYNN REED                 __________________
Location: GAS-N-GRUB                    __________________
          4518 STOCKTON HILL RD         __________________
          KINGMAN, AZ 86401             __________________
Business Phone:     (928)692-8879       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160179

DAVID THOMAS BRENNAN
BRENNAN DAVID ET AL
SCOTTY'S BROASTED CHICKEN & RIBS
2310 TIGER TAIL DR
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07080048         Renew? ______Yes_____No
Status:   Active           Status Date:     8/12/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID THOMAS BRENNAN          _________________
Location: SCOTTY'S BROASTED CHICKEN & RIBS_________________
          410 EL  CAMINO WAY            _________________
          LAKE HAVASU CITY, AZ 86403    _________________
Business Phone:     928-680-654O        __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160180

MICHAEL DARREN THURSTON
BRB MARKET LLC
BRB
3618 JAMAICA BLVD
LAKE HAVASU CITY AZ 86406

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083270         Renew? ______Yes_____No
Status:   Active           Status Date:     5/23/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL DARREN THURSTON       ___________________
Location: BRB                           ___________________
          3569 MCCULLOCH BLVD           ___________________
          LAKE HAVASU CITY, AZ 86406    ___________________
Business Phone:     (928)854-6464       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160181

PAUL ADOLPH ALLEN, SR.
AURELIO & KIKE INC
EL POTRILLO
2535 HUALAPAI MOUNTAIN RD #A
KINGMAN AZ 86401

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083520         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PAUL ADOLPH ALLEN, SR.        ___________________
Location: EL POTRILLO                   ___________________
          2535 HUALAPAI MOUNTAIN RD #A   ___________________
          KINGMAN, AZ 86401             ___________________
Business Phone:                         __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160182

MARIO ARNULFO HERNANDEZ-CASTANEDA
AGRO INTERNATIONAL INC
HUNTER STEAKHOUSE
2355 S 4TH AVE
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143169         Renew? ______Yes_____No
Status:   Active           Status Date:     8/5/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARIO ARNULFO HERNANDEZ-CASTANEDA_________________
Location: HUNTER STEAKHOUSE             _________________
          2355 S 4TH AVE                _________________
          YUMA, AZ 85364                _________________
Business Phone:     (928)210-1112       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160183

BARBARA HELEN OYS
BEER BELLY'S
P O BOX 3336
QUARTZSITE AZ 85359

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07150013         Renew? ______Yes_____No
Status:   Inactive         Status Date:     4/18/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: BEER BELLY'S                  _________________
          121 W KUEHN RD                _________________
          QUARTZSITE, AZ 85346          _________________
Business Phone:     (928)927-8500       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160184

DORIS DELANE WEBER
TA OPERATING LLC
KINGMAN TRAVELCENTER
ATTN GENERAL COUNSEL: TWO NEWTON PLACE
255 WASHINGTON ST #210
NEWTON MA 02458

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083213         Renew? ______Yes_____No
Status:   Active           Status Date:     9/18/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DORIS DELANE WEBER            ___________________
Location: KINGMAN TRAVELCENTER          ___________________
          946 W BEALE ST                ___________________
          KINGMAN, AZ 86401             ___________________
Business Phone:     (928)753-7600       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160185

KHALED ABDO AL MULIKI
LAS PALMAS MARKET
3745 W 8TH ST
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10143018         Renew? ______Yes_____No
Status:   Active           Status Date:     11/6/1997
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: LAS PALMAS MARKET             ___________________
          3745 W 8TH ST                 ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)783-5424       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160186

KATHLEEN CHRISTINE MACFARLANE
FIREHOUSE COFFEE SHOP LLC
FIREHOUSE COFFEE COMPANY
2350 MIRACLE MILE STE 306
BULLHEAD CITY AZ 86442

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083530         Renew? ______Yes_____No
Status:   Active           Status Date:     9/10/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KATHLEEN CHRISTINE MACFARLANE _________________
Location: FIREHOUSE COFFEE COMPANY      _________________
          2350 MIRACLE MILE SUITE 306   _________________
          BULLHEAD CITY, AZ 86442       _________________
Business Phone:     (928)201-6211       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160187

MARICELA IBARRA
IBARRA MARICELA JTWROS
TACO SALSA RESTAURANT
2423 S 4TH AVE
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143119         Renew? ______Yes_____No
Status:   Active           Status Date:     8/3/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARICELA  IBARRA              _________________
Location: TACO SALSA RESTAURANT         _________________
          2423 S 4 AVE                  _________________
          YUMA, AZ 85364                _________________
Business Phone:     (928)341-1010       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160188

GONZALO GAMEZ
SONORA TACOS Y MARISCOS INC
SONORA TACOS Y MARISCOS
1601 INDUSTRIAL BLVD
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083522         Renew? ______Yes_____No
Status:   Active           Status Date:     8/3/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GONZALO  GAMEZ                _________________
Location: SONORA TACOS Y MARISCOS       _________________
          1601 INDUSTRIAL BLVD          _________________
          LAKE HAVASU CITY, AZ 86403    _________________
Business Phone:     (928)854-3337       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160189

FERNANDO V GODOY
BURGERS & BEER INC
BURGERS & BEER
320 W 20TH ST
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12141023         Renew? ______Yes_____No
Status:   Active           Status Date:     8/2/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    FERNANDO V GODOY              ___________________
Location: BURGERS & BEER                ___________________
          320 20TH ST & 3RD AVE         ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)783-3987       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160190

CLARE HOLLIE ABEL
SAM'S WEST INC
SAMS CLUB # 4915
508 SW 8TH ST
DEPT 8916
BENTONVILLE AR 72716-0500

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09080035         Renew? ______Yes_____No
Status:   Active           Status Date:     10/25/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CLARE HOLLIE ABEL             ___________________
Location: SAMS CLUB # 4915              ___________________
          600 HWY 95 STE 200            ___________________
          BULLHEAD CITY, AZ 86429       ___________________
Business Phone:     (928)754-3900       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  09140020         Renew? ______Yes_____No
Status:   Active           Status Date:     9/24/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CLARE HOLLIE ABEL             ___________________
Location: SAM'S CLUB #6205              ___________________
          1462 SOUTH PACIFIC AVE        ___________________
          YUMA, AZ 85365                ___________________
Business Phone:     (928)783-3684       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

RG160191

ANTHONY JOSEPH ROBICHEAUX
COMPO'S MINI MARKET
P O BOX 6549
KINGMAN AZ 86402

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07080029         Renew? ______Yes_____No
Status:   Active           Status Date:     8/21/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: COMPO'S MINI MARKET           _________________
          3299 BOUNDARY CONE RD         _________________
          MOHAVE VALLEY, AZ 86440       _________________
Business Phone:     (805)325-9667       __________

Renewal Fees:
     License Renewal:                   75.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160192

ANGILBERTO CORREA CASTRO
EL PALACIO AT KINGMAN
401 E ANDY DEVINE AVE
KINGMAN AZ 86401

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083327         Renew? ______Yes_____No
Status:   Active           Status Date:     5/22/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: EL PALACIO AT KINGMAN         _________________
          401 E ANDY DEVINE AVE         _________________
          KINGMAN, AZ 86401             _________________
Business Phone:     (928)718-0018       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160193

DAVID CHARLES LORION
MOOSE LODGE #1704
MOOSE LODGE #1704
P O BOX 4236
KINGMAN AZ 86402

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14080013         Renew? ______Yes_____No
Status:   Inactive         Status Date:     4/1/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID CHARLES LORION          _________________
Location: MOOSE LODGE #1704             _________________
          302 MONROE ST                 _________________
          KINGMAN, AZ 86401             _________________
Business Phone:     (928)753-3690       __________

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

RG160194

JAMES FRANCIS HEROLD
B'S MONKEY BUTT
P O BOX 608
LAKE HAVASU CITY AZ 86405

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06085000         Renew? ______Yes_____No
Status:   Inactive         Status Date:     12/15/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: B'S MONKEY BUTT               _________________
          4400 STOCKTON HILL RD         _________________
          KINGMAN, AZ 86401             _________________
Business Phone:     (928)757-3526       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160195

JAY E LEWIS
DOS AMIGOS MEXICAN RESTAURANT & CANTINA
56480 HWY 60
SALOME AZ 85348

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12153071         Renew? ______Yes_____No
Status:   Active           Status Date:     5/11/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: DOS AMIGOS MEXICAN RESTAURANT & CANTINA_________________
          56250 HWY 60                  _________________
          SALOME, AZ 85348              _________________
Business Phone:     (928)859-3054       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160196

SCOTT ALAN STOCKING
MUDSHARK PIZZA INC
MUDSHARK BREWING CO
P O BOX 3300
LAKE HAVASU CITY AZ 86405

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083098         Renew? ______Yes_____No
Status:   Active           Status Date:     8/1/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SCOTT ALAN STOCKING           ___________________
Location: MUDSHARK BREWING CO           ___________________
          210 SWANSON AVE               ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)453-2981       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160197

JERRY WADE LEATH
SARA AND MAC'S LLC
BLUE BAR II
3365 HWY 95
PARKER AZ 85344

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06150012         Renew? ______Yes_____No
Status:   Active           Status Date:     11/16/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JERRY WADE LEATH              ___________________
Location: BLUE BAR II                   ___________________
          3365 HWY 95                   ___________________
          PARKER, AZ 85344              ___________________
Business Phone:     (928)667-4499       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160198

PAUL JOSEPH ROGERS
P R NORMANDALE HOTELS LLC
HOLIDAY INN
1901 E 18TH ST
YUMA AZ 85365

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  11143003         Renew? ______Yes_____No
Status:   Active           Status Date:     7/12/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PAUL JOSEPH ROGERS            ___________________
Location: HOLIDAY INN                   ___________________
          1901 E 18TH STREET            ___________________
          YUMA, AZ 85365                ___________________
Business Phone:     (928)782-9300       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            555.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160199

ANGELICA VANESSA BELTRAN
EL CHARRO MEXICAN RESTAURANT
2101 HWY 95 STE 4 & 5
BULLHEAD CITY AZ 86442

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083471         Renew? ______Yes_____No
Status:   Active           Status Date:     8/7/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: EL CHARRO MEXICAN RESTAURANT  ___________________
          2101 HWY 95 #4 & 5            ___________________
          BULLHEAD CITY, AZ 86442       ___________________
Business Phone:     (928)763-9331       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160200

ROCKY BERT BERIA
AMERICAN LEGION #87
AMERICAN LEGION #87
2249 CLEARWATER DR STE B
BULLHEAD CITY AZ 86442

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14083003         Renew? ______Yes_____No
Status:   Active           Status Date:     8/4/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROCKY BERT BERIA              ___________________
Location: AMERICAN LEGION #87           ___________________
          2249 CLEARWATER DR   STE B    ___________________
          BULLHEAD CITY, AZ 86442       ___________________
Business Phone:     (928)763-0305       __________

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

RG160201

PHILIP ELIAS YOUNIS
MOR DOR DEVELOPMENT INC
BUCKSKIN MARKET
5225 HWY 95
PARKER AZ 85344

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07150019         Renew? ______Yes_____No
Status:   Active           Status Date:     8/12/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PHILIP ELIAS YOUNIS           ___________________
Location: BUCKSKIN MARKET               ___________________
          BUCKSKIN STATE PARK 5476 HWY 95  ___________________
          PARKER, AZ 85344              ___________________
Business Phone:     (928)667-3210       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00

-------------------------------------------------------------------------------
License#  09150012         Renew? ______Yes_____No
Status:   Active           Status Date:     8/12/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PHILIP ELIAS YOUNIS           ___________________
Location: RIVER ISLAND MARKET           ___________________
          5225 HWY 95                   ___________________
          PARKER, AZ 85344              ___________________
Business Phone:     (928)667-3210       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160202

ANDREA DAHLMAN LEWKOWITZ
COFFEE HOUSE HOLDINGS INC
STARBUCKS COFFEE #8853
P O BOX 34442
ATTN: MAILSTOP S-TAX2 LICENSE SERVICES
SEATTLE WA 98124

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 12083543 Renew? _____Yes_____No
Status: Active Status Date: 5/17/2016
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: STARBUCKS COFFEE #8853 _____
55 LAKE HAVASU AVE SOUTH #A _____
LAKE HAVASU CITY, AZ 86403 _____
Business Phone: (928)854-5444 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160203

THERESA JUNE MORSE
HOT PIZZAS LLC
PIZZA HUT #29613
P O BOX 4179
KINGMAN AZ 86402

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07080001 Renew? _____Yes_____No
Status: Active Status Date: 8/28/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: THERESA JUNE MORSE _____
Location: PIZZA HUT #29613 _____
230 SWANSON _____
LAKE HAVASU CITY, AZ 86403 _____
Business Phone: (928)680-7777 _____

Renewal Fees:

License Renewal:	75.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	175.00

License# 07080002 Renew? _____Yes_____No
Status: Active Status Date: 8/28/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: THERESA JUNE MORSE _____
Location: PIZZA HUT #29609 _____
3285 E ANDY DEVINE AVE _____
KINGMAN, AZ 86401 _____
Business Phone: (928)757-3292 _____

Renewal Fees:

License Renewal:	75.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	175.00

License# 07080003 Renew? _____Yes_____No
Status: Active Status Date: 9/25/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: THERESA JUNE MORSE _____
Location: PIZZA HUT #29614 _____
1855 HWY 95 _____
BULLHEAD CITY, AZ 86442 _____
Business Phone: (520)763-8100 _____

Renewal Fees:

License Renewal:	75.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	175.00

License# 12083489 Renew? _____Yes_____No
Status: Active Status Date: 8/28/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: THERESA JUNE MORSE _____
Location: PIZZA HUT #29612 _____
4825 S HWY 95 # 6-7 _____
FORT MOHAVE, AZ 86426 _____
Business Phone: (928)758-7550 _____

% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

License# 12153081 Renew? _____Yes_____No
Status: Active Status Date: 8/28/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: THERESA JUNE MORSE _____
Location: PIZZA HUT #29611 _____
1004 CALIFORNIA AVE _____
PARKER, AZ 85344 _____
Business Phone: (928)669-8888 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160204

NANCY LEE CAMPBELL
LAKE HAVASU CIGARS LLC
J'S SMOKE SHOP
2038 MCCULLOCH BLVD
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07083001         Renew? ______Yes_____No
Status:   Active           Status Date:     3/10/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NANCY LEE CAMPBELL            ___________________
Location: J'S SMOKE SHOP                ___________________
          2038 MCCULLOCH BLVD           ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)680-2655       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160205

JULIE MAE POUGET
BILL'S BIG EASY BBQ LLC
BBQ BILL'S BIG EASY BISTRO
3557 MARICOPA AVE
LAKE HAVASU CITY AZ 86406

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083503         Renew? ______Yes_____No
Status:   Active           Status Date:     4/21/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JULIE MAE POUGET              _________________
Location: BBQ BILL'S BIG EASY BISTRO    _________________
          3557 MARICOPA AVE             _________________
          LAKE HAVASU CITY, AZ 86406    _________________
Business Phone:     (928)680-1100       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160206

MYUNG HOO CHOI
LONDON BRIDGE CHEVRON
1597 MCCULLOCH BLVD NORTH
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083291         Renew? ______Yes_____No
Status:   Active           Status Date:     12/8/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: LONDON BRIDGE CHEVRON         ___________________
          1597 MCCULLOCH BLVD           ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)855-2477       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160207

GURVINDER SINGH AUJLA
GURUDEV LAKE LLC
ARCO AM/PM
3159 W BUCKEYE RD
PHOENIX AZ 85009

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083182         Renew? ______Yes_____No
Status:   Active           Status Date:     8/10/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GURVINDER SINGH AUJLA         ___________________
Location: ARCO AM/PM                    ___________________
          311 N LAKE HAVASU AVE         ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)453-3832       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160208

VICKI LYNN MC KEE
MCKEE'S PUB & GRILL
2112 MCCULLOCH BLVD
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06080020         Renew? ______Yes_____No
Status:   Active           Status Date:     8/5/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: MCKEE'S PUB & GRILL           _________________
          2112 MCCULLOCH BLVD           _________________
          LAKE HAVASU CITY, AZ 86403    _________________
Business Phone:     (520)453-8400       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160209

ELAINE ROSELLA HIBLE
VALLE VISTA PROPERTY OWNERS ASSOCIATION INC
VALLE VISTA COUNTRY CLUB
9686 N CONCHO DR
KINGMAN AZ 86401

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06083002         Renew? ______Yes_____No
Status:   Active           Status Date:     8/3/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ELAINE ROSELLA HIBLE          ___________________
Location: VALLE VISTA COUNTRY CLUB      ___________________
          9686 N CONCHO DR              ___________________
          KINGMAN, AZ 86401             ___________________
Business Phone:     (928)757-3213       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160210

CARROL YVONNE PEACH
YUMA LANDING COMPANY
YUMA LANDING RESTAURANT BAR & GRILL
233 S 4TH AVE
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 06140021 Renew? _____Yes_____No
Status: Active Status Date: 2/29/2016
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CARROL YVONNE PEACH _____
Location: YUMA LANDING RESTAURANT BAR & GRILL_____
195 S 4TH AVE _____
YUMA, AZ 85364 _____
Business Phone: (928)783-4453 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 12141031 Renew? _____Yes_____No
Status: Active Status Date: 8/6/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JOHN JAMES PEACH _____
Location: YUMA LANDING RESTAURANT BAR & GRILL_____
195 S 4TH AVE _____
YUMA, AZ 85364 _____
Business Phone: (928)783-4453 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160211

JOSE LUIS GARCIA
TARROS CHICALI SPORTS BAR & NIGHT CLUB LLC
TARROS CHICALI
2526 E 16TH ST
YUMA AZ 85365

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07140032         Renew? ______Yes_____No
Status:   Active           Status Date:     9/19/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOSE LUIS GARCIA              _________________
Location: TARROS CHICALI                _________________
          2526 E 16TH ST                _________________
          YUMA, AZ 85365                _________________
Business Phone:     (928)941-2232       __________

Renewal Fees:
     License Renewal:                   75.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160212

RUBEN D MORALES
EL ZARAPE LLC
EL ZARAPE RESTAURANT
1905 W 8TH ST
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 12143095 Renew? _____Yes_____No
Status: Active Status Date: 9/17/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: RUBEN D MORALES _____
Location: EL ZARAPE RESTAURANT _____
1905 W 8TH ST _____
YUMA, AZ 85364 _____
Business Phone: (928)782-7279 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160213

MONICA LANORA BEARD
MAVERICK
1460 S 4TH AVE
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06140044         Renew? ______Yes_____No
Status:   Active           Status Date:     1/19/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: MAVERICK                      _________________
          1460 S 4TH AVE                _________________
          YUMA, AZ 85364                _________________
Business Phone:     (928)783-6431       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160214

MARIA L RODRIGUEZ
LA CASA DELI
712 E 32ND ST
YUMA AZ 85365

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12141047         Renew? ______Yes_____No
Status:   Active           Status Date:     8/1/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: LA CASA DELI                  _________________
          712 E 32ND ST                 _________________
          YUMA, AZ 85365                _________________
Business Phone:     (520)341-0486       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160215

ALEJANDRO CARLOS
1 2 3 MONEY EXCHANGE LLC
GO MART
P O BOX 4507
SAN LUIS AZ 85349

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10143139         Renew? ______Yes_____No
Status:   Active           Status Date:     1/10/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ALEJANDRO  CARLOS             ___________________
Location: GO MART                       ___________________
          588 N MAIN ST                 ___________________
          SAN LUIS, AZ 85349            ___________________
Business Phone:     (928)627-2843       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160216

WALTER E CARTER
MOHAVE VALLEY RACEWAY
P O BOX 6260
MOHAVE VALLEY AZ 86440

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07080027         Renew? ______Yes_____No
Status:   Active           Status Date:     8/3/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: MOHAVE VALLEY RACEWAY         _________________
          2750 E LAGUNA RD              _________________
          MOHAVE VALLEY, AZ 85640       _________________
Business Phone:     (928)346-3000       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160217

KENNETH ARTHUR BONSANG
BONSANG KENNETH ET AL
KEN'S PIZZA
2415 CONSTELLATION DR
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07080042         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KENNETH ARTHUR BONSANG        ___________________
Location: KEN'S PIZZA                   ___________________
          1675 MESQUITE AVE STE B       ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)855-4404       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160218

ROBERT DONALD MOORE
QUARTZSITE GENERAL STORE LLC
QUARTZSITE GENERAL STORE
P O BOX 617
QUARTZSITE AZ 85346

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10153022         Renew? ______Yes_____No
Status:   Active           Status Date:     8/2/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT DONALD MOORE           ___________________
Location: QUARTZSITE GENERAL STORE      ___________________
          P O BOX 617                   ___________________
          QUARTZSITE, AZ 85346          ___________________
Business Phone:     (928)927-6310       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160219

GREG PHILLIP BURGESS
COCOPAH INDIAN TRIBE
COCOPAH SPEEDWAY
14515 S VETERANS DR
SOMERTON AZ 85350

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  05143001         Renew? ______Yes_____No
Status:   Active           Status Date:     11/25/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GREG PHILLIP BURGESS          ___________________
Location: COCOPAH SPEEDWAY              ___________________
          COUNTY 15TH ST & US 95        ___________________
          SOMERTON, AZ 85350            ___________________
Business Phone:     (928)344-1563       __________

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

RG160220

RANDY D NATIONS
BEAVER DAM LODGE GOLF/RV RESORT LLC
BEAVER DAM LODGE GOLF RV RESORT
PO BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07080102         Renew? ______Yes_____No
Status:   Active           Status Date:     5/19/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: BEAVER DAM LODGE GOLF RV RESORT___________________
          OLD HWY 91                    ___________________
          BEAVER DAM, AZ 86432          ___________________
Business Phone:     (928)347-2222       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00

-------------------------------------------------------------------------------
License#  12083417         Renew? ______Yes_____No
Status:   Active           Status Date:     5/19/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: BEAVER DAM LODGE GOLF RV RESORT___________________
          OLD HWY 91                    ___________________
          BEAVER DAM, AZ 86432          ___________________
Business Phone:     (928)347-2222       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                   500.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             20.00
     Total:                             585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160221

MARTIN SALAM BANYAMEEN
HEDO LLC
FORT MOHAVE FOOD STORE
4508 S HWY 95
FORT MOHAVE AZ 86427

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083245         Renew? ______Yes_____No
Status:   Active           Status Date:     5/10/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARTIN SALAM BANYAMEEN        ___________________
Location: FORT MOHAVE FOOD STORE        ___________________
          4508-A HWY 95 STE A           ___________________
          FORT MOHAVE, AZ 86427         ___________________
Business Phone:     (928)763-4567       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160222

JUDITH KAY BANNAN
BANNAN JUDITH JTWROS
JUDY'S
PO BOX 86
OATMAN AZ 86433

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07080020         Renew? ______Yes_____No
Status:   Active           Status Date:     10/8/1999
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JUDITH KAY BANNAN             ___________________
Location: JUDY'S                        ___________________
          260 MAIN ST                   ___________________
          OATMAN, AZ 86433              ___________________
Business Phone:     (928)768-4463       __________

Renewal Fees:
     License Renewal:                   75.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160223

JOHN JACOB BAAS, III
JOHN BAAS GOLF MANAGEMENT INC
COYOTE DEN
11902 WILLIAMS ST
WELLTON AZ 85356

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07140009         Renew? ______Yes_____No
Status:   Active           Status Date:     12/4/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN JACOB BAAS, III          _________________
Location: COYOTE DEN                    _________________
          11902 WILLIAMS ST             _________________
          WELLTON, AZ 85356             _________________
Business Phone:     (928)785-4875       __________

Renewal Fees:
     License Renewal:                   75.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160224

LAURA BERTHA FERNANDEZ
SERVICIO EL NORTENO INC
SUPER C
2954 N CAMPBELL AVE PMB #347
TUCSON AZ 85719

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10143048         Renew? ______Yes_____No
Status:   Active           Status Date:     8/9/2002
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LAURA BERTHA FERNANDEZ        ___________________
Location: SUPER C                       ___________________
          1645 JUAN SANCHEZ BLVD        ___________________
          SAN LUIS, AZ 85349            ___________________
Business Phone:     (928)627-5725       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160225

NICK JAMES LITRAS
NIKO'S GRILL & PUB LLC
NIKO'S GRILL & PUB
2690 N KIOWA BLVD
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/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# 12083549 Renew? _____Yes_____No
Status: Active Status Date: 4/25/2016
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NICK JAMES LITRAS _____
Location: NIKO'S GRILL & PUB _____
2690 N KIOWA BLVD _____
LAKE HAVASU CITY, AZ 86403 _____
Business Phone: (928)733-6400 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160226

PAUL ADOLPH ALLEN, SR.
PUGA & SON INC
PLAZA BONITA FAMILY MEXICAN RESTAURANT
1969 E BEVERLY AVE
KINGMAN AZ 86401

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083493         Renew? ______Yes_____No
Status:   Active           Status Date:     11/15/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PAUL ADOLPH ALLEN, SR.        _________________
Location: PLAZA BONITA FAMILY MEXICAN RESTAURANT_________________
          1969 E BEVERLY AVE            _________________
          KINGMAN, AZ 86401             _________________
Business Phone:     (928)814-0760       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160227

MARIA O RODRIGUEZ DE PRADO
OYSTER'S
5158 SILVER BULLET PL
FORT MOHAVE AZ 86426

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083323         Renew? ______Yes_____No
Status:   Active           Status Date:     3/27/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: OYSTER'S                      _________________
          2906 E ANDY DEVINE            _________________
          KINGMAN, AZ 86401             _________________
Business Phone:     (928)753-2030       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160228

LARRY WAYNE BOYLES
V F W #6790
V F W #6790
P O BOX 335
WELLTON AZ 85356

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14140013         Renew? ______Yes_____No
Status:   Active           Status Date:     8/19/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LARRY WAYNE BOYLES            _________________
Location: V F W #6790                   _________________
          29389 OAKLAND AVE             _________________
          WELLTON, AZ 85356             _________________
Business Phone:     (928)785-4225       __________

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

RG160229

BILL T EVANS
BEAVER DAM BAR
P O BOX 549
BEAVER DAM AZ 86432

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06080010         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: BEAVER DAM BAR                _________________
          HWY 91 1/2 MI E OF I-15       _________________
          LITTLEFIELD, AZ 86432         _________________
Business Phone:     (520)347-5589       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00

-------------------------------------------------------------------------------
License#  10081028         Renew? ______Yes_____No
Status:   Active           Status Date:     7/8/1996
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: BEAVER DAM FILLING STATION    _________________
          1/2 MI N OF I-15 ON HWY 91    _________________
          LITTLEFIELD, AZ 86432         _________________
Business Phone:     (520)347-5589       __________

Renewal Fees:
     License Renewal:                   50.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160230

JAMES EDWARD BAKER
MJB ENTERPRISES INC
BAKER CHEVRON
777 W BEALE ST
KINGMAN AZ 86401

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10081014         Renew? ______Yes_____No
Status:   Active           Status Date:     10/17/1988
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES EDWARD BAKER            _________________
Location: BAKER CHEVRON                 _________________
          777 W BEALE ST                _________________
          KINGMAN, AZ 86401             _________________
Business Phone:     (928)753-3208       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160231

KAREN ELIZABETH HALONE
COLORADO RIVER INDIAN TRIBES GAMING ENT
BLUEWATER RESORT & CASINO
11222 RESORT DR
PARKER AZ 85344

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 06150009 Renew? _____Yes_____No
Status: Inactive Status Date: 6/3/2016
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KAREN ELIZABETH HALONE _____
Location: BLUEWATER RESORT & CASINO _____
11222 RESORT DR _____
PARKER, AZ 85344 _____
Business Phone: (928)669-7056 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 06150017 Renew? _____Yes_____No
Status: Inactive Status Date: 10/18/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KAREN ELIZABETH HALONE _____
Location: BLUEWATER RESORT _____
11300 RESORT DR _____
PARKER, AZ 85344 _____
Business Phone: (520)669-7777 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 10153026 Renew? _____Yes_____No
Status: Active Status Date: 4/18/2002
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KAREN ELIZABETH HALONE _____
Location: BLUEWATER RESORT & CASINO _____
11222 RESORT DR _____
PARKER, AZ 85344 _____
Business Phone: (928)669-7056 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160232

CYNTHIA KATHLEEN SHORT
CYNJO INC
NATURAL PLANET
3787 STOCKTON HILL ROAD
SUITE A
KINGMAN AZ 86409

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083074         Renew? ______Yes_____No
Status:   Active           Status Date:     10/1/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CYNTHIA KATHLEEN SHORT        ___________________
Location: NATURAL PLANET                ___________________
          3787 STOCKTON HILL RD STE A   ___________________
          KINGMAN, AZ 86401             ___________________
Business Phone:     (928)757-7774       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160233

JAMES FRANCIS TOBIN
NO NAME PUBLIC HOUSE LLC
NO NAME PUBLIC HOUSE
2093 MCCULLOCH BLVD
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083497         Renew? ______Yes_____No
Status:   Active           Status Date:     2/10/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES FRANCIS TOBIN           ___________________
Location: NO NAME PUBLIC HOUSE          ___________________
          2093 MCCULLOCH BLVD           ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)846-0134       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160234

THOMAS HERSHEL HUNTER
VFW #2555
VFW #2555
6068 W SUPAI DR
GOLDEN VALLEY AZ 86413

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14083001         Renew? ______Yes_____No
Status:   Active           Status Date:     8/1/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THOMAS HERSHEL HUNTER         ___________________
Location: VFW #2555                     ___________________
          6068 W SUPAI DR               ___________________
          GOLDEN VALLEY, AZ 86413       ___________________
Business Phone:     (928)565-3344       __________

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

RG160235

ROBERT DANIEL WIGGINS
SUNSHINE CAPITOL POST 1763 VFW
VFW #1763
2485 E 14 ST
YUMA AZ 85365

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14143005         Renew? ______Yes_____No
Status:   Active           Status Date:     8/9/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT DANIEL WIGGINS         ___________________
Location: VFW #1763                     ___________________
          2485 E 14TH ST                ___________________
          YUMA, AZ 85365                ___________________
Business Phone:     (928)329-1763       __________

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

RG160236

KENNETH J COUGHLIN
NELLIE E SALOON
P O BOX 5102 ERLB
PARKER AZ 85344

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06150004         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: NELLIE E SALOON               ___________________
          EMPIRE RD 12 MI N OF PARKER   ___________________
          PARKER, AZ 85344              ___________________
Business Phone:     (928)667-2871       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160237

GERALD LEE THOMAS
INCA LANES LLC
INCA LANES
1250 W 16TH ST
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06140011         Renew? ______Yes_____No
Status:   Active           Status Date:     11/30/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GERALD LEE THOMAS             _________________
Location: INCA LANES                    _________________
          1250 W 16TH ST                _________________
          YUMA, AZ 85364                _________________
Business Phone:     (928)782-4622       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160238

PATRICIA ANN BURAK
HOT ROD CAFE
2950 MCLANE WAY
KINGMAN AZ 86401

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083478         Renew? ______Yes_____No
Status:   Active           Status Date:     3/1/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: HOT ROD CAFE                  _________________
          2215 HAULAPAI MTN RD          _________________
          KINGMAN, AZ 86401             _________________
Business Phone:     (928)718-1500       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160239

DONALD PATRIC SPONSEL
VFW #7061
VFW #7061
516 HOPI
PARKER AZ 85344

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14150002         Renew? ______Yes_____No
Status:   Active           Status Date:     8/12/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DONALD PATRIC SPONSEL         ___________________
Location: VFW #7061                     ___________________
          516 HOPI                      ___________________
          PARKER, AZ 85344              ___________________
Business Phone:     (928)669-2508       __________

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

RG160240

KIM KENNETH KWIATKOWSKI
CIRCLE K STORES INC
CIRCLE K STORE #247
LICENSING DC-36
P O BOX 52085
PHOENIX AZ 85072

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 09080009 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 #247 _____
760 MARINA BLVD _____
RIVIERA, AZ 86442 _____
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# 09080010 Renew? _____Yes_____No
Status: Active Status Date: 10/3/2002
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #1765 _____
2551 HWY 95 _____
BULLHEAD CITY, AZ 86442 _____
Business Phone: (928)763-5533 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09080011 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 #252 _____
231 BEALE ST _____
KINGMAN, AZ 86401 _____
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# 09080012 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 #420 _____
1062 HWY 95 _____
BULLHEAD CITY, AZ 86430 _____
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# 09080013 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 #1473 _____
1731 INDUSTRIAL BLVD _____
LAKE HAVASU CITY, AZ 85403 _____
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# 09083000 Renew? _____Yes_____No
Status: Active Status Date: 8/8/2006
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K #6669 _____
3201 N HWY 95 _____
LAKE HAVASU CITY, AZ 86404 _____
Business Phone: (928)764-2440 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09084001 Renew? _____Yes_____No
Status: Active Status Date: 11/1/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #6674 _____
1791 KIOWA AVE _____
LAKE HAVASU CITY, AZ 86403 _____
Business Phone: (928)453-8762 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09084002 Renew? _____Yes_____No
Status: Active Status Date: 10/30/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #5594 _____
2425 ADOBE RD _____
BULLHEAD CITY, AZ 86442 _____
Business Phone: (928)704-9404 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00

Total: 120.00

License# 09140006 Renew? _____Yes_____No
Status: Active Status Date: 12/19/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #1923 _____
637 E 32ND ST _____
YUMA, AZ 85364 _____
Business Phone: (928)726-2650 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09140009 Renew? _____Yes_____No
Status: Active Status Date: 12/1/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #8475 _____
2505 W 8TH ST _____
YUMA, AZ 85364 _____
Business Phone: (928)329-0527 _____

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

License# 09140010 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 #1736 _____
695 S 4TH AVE _____
YUMA, AZ 85364 _____
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# 09140011 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 #8691 _____
766 N MAIN ST _____
SAN LUIS, AZ 85072 _____
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# 09140012 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 #1800 _____
2398 AVE B _____
YUMA, AZ 85364 _____
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# 09140014 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 #1356 _____
7110 E HWY 95 _____
YUMA, AZ 85364 _____
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# 09140016 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 #1394 _____
2409 S 8TH AVE _____
YUMA, AZ 85364 _____
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# 09140017 Renew? _____Yes_____No
Status: Active Status Date: 10/4/1996
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #1930 _____
379 W 1ST ST _____
YUMA, AZ 85364 _____
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# 09140023 Renew? _____Yes_____No

Status: Active Status Date: 4/6/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #5187 _____
2600 S ARABY RD _____
YUMA, AZ 85365 _____
Business Phone: (928)317-0648 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09140027 Renew? _____Yes_____No
Status: Active Status Date: 10/8/2004
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #5709 _____
1415 E 16TH ST _____
YUMA, AZ 85364 _____
Business Phone: (928)329-8009 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09140028 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 #212 _____
3640 W 8TH ST _____
YUMA, AZ 85364 _____
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# 09140043 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 #684 _____
2089 AVE A _____
YUMA, AZ 85364 _____
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# 09140048 Renew? _____Yes_____No
Status: Active Status Date: 10/9/1996
License Inactive? _____Yes_____No Changes:(may require additional Filing)

Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #1948 _____
6544 E HWY 80 _____
YUMA, AZ 85365 _____
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# 09144002 Renew? _____Yes_____No
Status: Active Status Date: 9/29/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #1939 _____
121 E MAIN ST _____
SOMERTON, AZ 85350 _____
Business Phone: (928)627-8261 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09150004 Renew? _____Yes_____No
Status: Active Status Date: 5/16/1997
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #742 _____
49600 HWY 95 _____
PARKER, AZ 85344 _____
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# 09153000 Renew? _____Yes_____No
Status: Active Status Date: 10/23/2006
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #1483 _____
1516 CALIFORNIA AVE _____
PARKER, AZ 85344 _____
Business Phone: (928)669-5444 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10080011 Renew? _____Yes_____No
Status: Active Status Date: 11/8/1993
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #1437 _____

4008 STOCKTON HILL RD _____
KINGMAN, AZ 86401 _____
Business Phone: (520)437-7562 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10081100 Renew? _____Yes_____No
Status: Active Status Date: 2/10/1995
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #586 _____
3130 STOCKTON HILL RD _____
KINGMAN, AZ 86401 _____
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# 10140009 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 #990 _____
29102 LOS ANGELES AVE _____
WELLTON, AZ 85356 _____
Business Phone: (520)437-7562 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10140014 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 #1754 _____
820 W 32ND ST _____
YUMA, AZ 85364 _____
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# 10140017 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 #1756 _____
2400 S ARIZONA AVE _____
YUMA, AZ 85364 _____

```
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#  10143174         Renew? ______Yes_____No
Status:   Active           Status Date:     12/1/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KIM KENNETH KWIATKOWSKI       __________________
Location: CIRCLE K STORE #1849          __________________
          1798 4TH AVE                  __________________
          YUMA, AZ 85364                __________________
Business Phone:     (928)329-1508       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160241

CHRIS NICHOLAS MILLER
WINGS WEST ONE LLC
BUFFALO WILD WINGS GRILL AND BAR
PO BOX 6551
YUMA AZ 85366

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143105         Renew? ______Yes_____No
Status:   Active           Status Date:     6/30/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHRIS NICHOLAS MILLER         ___________________
Location: BUFFALO WILD WINGS GRILL AND BAR___________________
          1317 SOUTH YUMA PALMS PKWY #3   ___________________
          YUMA, AZ 85365                  ___________________
Business Phone:     (928)373-2300       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160242

CHRISTINE ADELLA DAWSON
DA BOYZ ITALIAN CUISINE LLC
DA BOYZ ITALIAN CUISINE
10411 FAIRWAY LOOP
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143162         Renew? ______Yes_____No
Status:   Active           Status Date:     1/8/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHRISTINE ADELLA DAWSON       ___________________
Location: DA BOYZ ITALIAN CUISINE       ___________________
          284 S MAIN ST 1ST  FLOOR      ___________________
          YUMA, AZ 85364                ___________________
Business Phone:                         __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160243

STEVEN LEE HEMPSTEAD
HAVASU THAI LLC
THAI FOOD
125 PASEO DEL SOL
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083523         Renew? ______Yes_____No
Status:   Active           Status Date:     8/6/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    STEVEN LEE HEMPSTEAD          ___________________
Location: THAI FOOD                     ___________________
          125 PASEO DEL SOL             ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)453-3023       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160244

RANDY D NATIONS
SCHOONERS INC
SCHOONERS IN PARADISE
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12153087         Renew? ______Yes_____No
Status:   Active           Status Date:     8/3/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: SCHOONERS IN PARADISE         ___________________
          3280 PARKER DAM RD            ___________________
          PARKER, AZ 85344              ___________________
Business Phone:     (928)667-2404       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160245

RAGHEED NAIM SHAYA
RC'S LIQUOR
101 E 24TH ST
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09140021         Renew? ______Yes_____No
Status:   Active           Status Date:     8/18/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: RC'S LIQUOR                   ___________________
          101 E 24TH ST                 ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)246-7766       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160246

RUSTY G DURANT
SOMEWHERE ARIZONA
P O BOX 245
BOUSE AZ 85325

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07150021         Renew? ______Yes_____No
Status:   Active           Status Date:     12/26/2002
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: SOMEWHERE ARIZONA             _________________
          28100 HWY 72                  _________________
          BOUSE, AZ 85325               _________________
Business Phone:     (928)851-1051       __________

Renewal Fees:
     License Renewal:                   75.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160247

JAMES EDWARD RIGDON
SILVER DOLLAR CHUCK WAGON
P O BOX 188
TOPOCK AZ 86436

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083423         Renew? ______Yes_____No
Status:   Active           Status Date:     9/14/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: SILVER DOLLAR CHUCK WAGON     _________________
          12907 OATMAN HWY              _________________
          TOPOCK, AZ 86436              _________________
Business Phone:     (928)768-9921       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160248

BRICE THOMAS ZELLER
CRAZY EARLS LLC
CRAZY EARLS LAST RESORT COCKTAILS & POOL
P O BOX 4728
YUMA AZ 85366-4728

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06145002         Renew? ______Yes_____No
Status:   Active           Status Date:     8/25/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BRICE THOMAS ZELLER           _________________
Location: CRAZY EARLS LAST RESORT COCKTAILS & POOL_________________
          11274 S FORTUNA RD #C-12      _________________
          YUMA, AZ 85367                _________________
Business Phone:     (928)342-2149       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160249

RONALD J RUBINO
RONNIE'S OF THE SOUTHWEST PIZZERIA
2059 AVE A STE A
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12141005         Renew? ______Yes_____No
Status:   Active           Status Date:     8/1/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: RONNIE'S OF THE SOUTHWEST PIZZERIA_________________
          2059 AVE A STE A              _________________
          YUMA, AZ 85364                _________________
Business Phone:     (520)782-6842       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160250

KANDIS LYNN SCOTT
WAK RIVER CORP
STROKES BAR & GRILL
8010 RIVERSIDE DR
PARKER AZ 85344

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12153076         Renew? ______Yes_____No
Status:   Active           Status Date:     2/29/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KANDIS LYNN SCOTT             ___________________
Location: STROKES BAR & GRILL           ___________________
          8010 RIVERSIDE DR             ___________________
          PARKER, AZ 85344              ___________________
Business Phone:     (928)667-2366       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160251

KRYSTAL KAY BURGE
FORK IN THE ROAD INC
HUALAPAI MOUNTAIN RESORT
P O BOX 3459
KINGMAN AZ 86402

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 06080019 Renew? _____Yes_____No
Status: Active Status Date: 10/28/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KRYSTAL KAY BURGE _____
Location: HUALAPAI MOUNTAIN RESORT _____
4525 HUALAPAI MOUNTAIN RD _____
KINGMAN, AZ 86401 _____
Business Phone: (928)757-3545 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 12083035 Renew? _____Yes_____No
Status: Active Status Date: 7/18/1996
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KRYSTAL KAY BURGE _____
Location: DAMBAR & STEAKHOUSE _____
1960 E ANDY DEVINE AVE _____
KINGMAN, AZ 86401 _____
Business Phone: (928)753-3523 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

License# 12083500 Renew? _____Yes_____No
Status: Active Status Date: 2/10/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KRYSTAL KAY BURGE _____
Location: MATTINA'S RISTORANTE ITALIANO _____
318 OAK ST _____
KINGMAN, AZ 86401 _____
Business Phone: (928)753-7504 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160252

JULIA BETH SIGWARD
AMERICAN VETERANS POST #19
AMERICAN VETERANS POST #19
4310 HWY 95 #A,B,C
FORT MOHAVE AZ 86426

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14083010         Renew? ______Yes_____No
Status:   Active           Status Date:     5/12/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JULIA BETH SIGWARD            ___________________
Location: AMERICAN VETERANS POST #19    ___________________
          4310 HWY 95 #A,B,C            ___________________
          FORT MOHAVE, AZ 86426         ___________________
Business Phone:     (928)704-1992       __________

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

RG160253

ERIC JACOB WOFFORD
YUMA COUNTY FAIR INC
YUMA COUNTY FAIR
2520 E 32ND ST
YUMA AZ 85365

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07140050         Renew? ______Yes_____No
Status:   Active           Status Date:     8/1/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ERIC JACOB WOFFORD            ___________________
Location: YUMA COUNTY FAIR              ___________________
          2520 E 32ND ST                ___________________
          YUMA, AZ 85365                ___________________
Business Phone:     (928)726-4420       __________

Renewal Fees:
     License Renewal:                   75.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160254

KC JEBRAN IBRAHIM
LK AND K INC
NEIGHBORHOOD MARKET & LIQUOR
5028 SAGE LN
FORT MOHAVE AZ 86426

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09080030         Renew? ______Yes_____No
Status:   Active           Status Date:     6/25/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KC JEBRAN IBRAHIM             _________________
Location: NEIGHBORHOOD MARKET & LIQUOR  _________________
          2178 RIVIERA BLVD             _________________
          BULLHEAD CITY, AZ 86442       _________________
Business Phone:     (928)704-9660       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  10083263         Renew? ______Yes_____No
Status:   Active           Status Date:     6/25/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KC JEBRAN IBRAHIM             _________________
Location: RIVIERA BEER & WINE           _________________
          506 RIVIERA BLVD              _________________
          BULLHEAD CITY, AZ 86442       _________________
Business Phone:     (928)758-2501       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

RG160255

LAUREN KAY MERRETT
TERRIBLE HERBST INC
TERRIBLE'S #132
P O BOX 93417
LAS VEGAS NV 89193

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 10081085 Renew? _____Yes_____No
Status: Active Status Date: 11/3/1993
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: LAUREN KAY MERRETT _____
Location: TERRIBLE'S #132 _____
3291 E ANDY DEVINE DR _____
KINGMAN, AZ 86401 _____
Business Phone: (928)757-3130 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10083019 Renew? _____Yes_____No
Status: Active Status Date: 2/21/1997
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: LAUREN KAY MERRETT _____
Location: TERRIBLE'S #148 _____
1040 S ACOMA BLVD _____
LAKE HAVASU CITY, AZ 86403 _____
Business Phone: (928)453-7722 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10083110 Renew? _____Yes_____No
Status: Active Status Date: 5/24/2002
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: LAUREN KAY MERRETT _____
Location: TERRIBLE'S #101 _____
60 LAKE HAVASU AVE _____
LAKE HAVASU CITY, AZ 86403 _____
Business Phone: (928)854-9335 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10083111 Renew? _____Yes_____No
Status: Active Status Date: 9/10/2002
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: LAUREN KAY MERRETT _____
Location: TERRIBLE'S #233 _____
14768 HWY 95 S _____
MOHAVE VALLEY, AZ 86440 _____
Business Phone: (928)764-1071 _____

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

License# 10083214 Renew? _____Yes_____No
Status: Active Status Date: 9/18/2008
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: LAUREN KAY MERRETT _____
Location: TERRIBLE'S #180 _____
1815 HWY 95 _____
BULLHEAD CITY, AZ 86442-6815 _____
Business Phone: (928)758-6080 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10083243 Renew? _____Yes_____No
Status: Active Status Date: 12/21/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: LAUREN KAY MERRETT _____
Location: TERRIBLE'S #321 _____
6501 SHOWPLACE AVE _____
LAKE HAVASU CITY, AZ 86404 _____
Business Phone: (928)764-2531 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10153012 Renew? _____Yes_____No
Status: Active Status Date: 1/17/1997
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: LAUREN KAY MERRETT _____
Location: TERRIBLE'S #201 _____
1001 CALIFORNIA AVE _____
PARKER, AZ 85344 _____
Business Phone: (928)669-6605 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10153036 Renew? _____Yes_____No
Status: Active Status Date: 5/8/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: LAUREN KAY MERRETT _____
Location: TERRIBLE'S #258 _____
921 CALIFORNIA AVE _____
PARKER, AZ 85344 _____
Business Phone: (928)669-5856 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00

Total: 120.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160256

DAN LYNN REED
GAS -N- GRUB IV LLC
GAS -N- GRUB CRUZ -N- 66
H C 35 BOX 18
PEACH SPRINGS AZ 86434

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083199         Renew? ______Yes_____No
Status:   Active           Status Date:     8/14/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAN LYNN REED                 ___________________
Location: GAS -N- GRUB CRUZ -N- 66      ___________________
          16277 US HWY 66               ___________________
          TRUXTON, AZ 86434             ___________________
Business Phone:     (928)769-1880       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160257

JILL SUZANNE RICHEAL
AMERICAN LEGION #81
AMERICAN LEGION #81
181 PASEO DEL SOL AVE
LAKE HAVASU CITY AZ 85403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14080007         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JILL SUZANNE RICHEAL          ___________________
Location: AMERICAN LEGION #81           ___________________
          181 PASEO DEL SOL AVE         ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)855-2552       __________

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

RG160258

ANDREA DAHLMAN LEWKOWITZ
BRESSMAN ENTERPRISES LLC
LOS LAGOS GOLF CLUB
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07080050         Renew? ______Yes_____No
Status:   Active           Status Date:     8/9/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      __________________
Location: LOS LAGOS GOLF CLUB           __________________
          6365 S VIA ENTRADA VERDES     __________________
          FORT MOHAVE, AZ 86426         __________________
Business Phone:     (928)768-7778       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00

-------------------------------------------------------------------------------
License#  12083400         Renew? ______Yes_____No
Status:   Active           Status Date:     8/9/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      __________________
Location: LOS LAGOS GOLF CLUB           __________________
          6365 S VIA ENTRADA VERDES     __________________
          FORT MOHAVE, AZ 86426         __________________
Business Phone:     (928)768-7778       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                   500.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             20.00
     Total:                             585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160259

JARED MICHAEL REPINSKI
MASQUERADE LLC
JESTER'S COCKTAIL & SPORTS LOUNGE
877 HANCOCK RD
BULLHEAD CITY AZ 86442

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06080013         Renew? ______Yes_____No
Status:   Active           Status Date:     4/26/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JARED MICHAEL REPINSKI        ___________________
Location: JESTER'S COCKTAIL & SPORTS LOUNGE___________________
          877 HANCOCK RD                ___________________
          BULLHEAD CITY, AZ 86442       ___________________
Business Phone:     (928)763-0850       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160260

SANDRA ANNE GILL
QUARTZSITE YACHT CLUB INC
QUARTZSITE YACHT CLUB
P O BOX 896
QUARTZSITE AZ 85346

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06150014         Renew? ______Yes_____No
Status:   Pending          Status Date:     5/13/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SANDRA ANNE GILL              ___________________
Location: QUARTZSITE YACHT CLUB         ___________________
          1090 W MAIN ST                ___________________
          QUARTZSITE, AZ 85346          ___________________
Business Phone:     (520)927-6331       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160261

DANNY LEE KEYES
LAKE HAVASU CITY
LAKE HAVASU CITY COMMUNITY CENTER
100 PARK AVE
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  05083000         Renew? ______Yes_____No
Status:   Active           Status Date:     8/8/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DANNY LEE KEYES                _________________
Location: LAKE HAVASU CITY COMMUNITY CENTER_________________
          100 PARK AVE                   _________________
          LAKE HAVASU CITY, AZ 86403     _________________
Business Phone:     (928)453-8686        __________

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

RG160262

DIANE MARIE HARRY
ZMC HOSPITALITY LLC
HAMPTON INN
2305 W SUPERIOR ST
DULUTH MN 55806

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07080063         Renew? ______Yes_____No
Status:   Active           Status Date:     4/7/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DIANE MARIE HARRY             ___________________
Location: HAMPTON INN                   ___________________
          245 LONDON BRIDGE RD          ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)855-4071       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160263

JEAN ANN SMITH
SHOWCASE LOUNGE INC
SHOWCASE
2703 S 4TH AVE
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06140042         Renew? ______Yes_____No
Status:   Inactive         Status Date:     3/2/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JEAN ANN SMITH                _________________
Location: SHOWCASE                      _________________
          2703 S 4TH AVE                _________________
          YUMA, AZ 85364                _________________
Business Phone:     (928)726-9846       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160264

DANIEL DEAN DOVE
DOVE DANIEL ET AL JTWROS
DOUBLE D MARKET
P O BOX 1974
DOLAN SPRINGS AZ 86441

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083007         Renew? ______Yes_____No
Status:   Active           Status Date:     8/7/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DANIEL DEAN DOVE              ___________________
Location: DOUBLE D MARKET               ___________________
          15967 N PIERCE FERRY RD       ___________________
          DOLAN SPRINGS, AZ 86441       ___________________
Business Phone:     (520)767-3495       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160265

ARTHUR JOSEPH DION, JR.
A & K ACOMA STOP & SHOP LLC
A & K'S ACOMA STOP & SHOP
35 S ACOMA BLVD
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083284         Renew? ______Yes_____No
Status:   Active           Status Date:     1/24/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ARTHUR JOSEPH DION, JR.       ___________________
Location: A & K'S ACOMA STOP & SHOP     ___________________
          35 S ACOMA BLVD               ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)854-8454       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160266

FRANK J MAISANO
FRANKIE FRANK'S LLC
FRANKIE FRANK'S
711 E 32ND ST
YUMA AZ 85365

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06145000         Renew? ______Yes_____No
Status:   Inactive         Status Date:     3/3/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    FRANK J MAISANO               _________________
Location: FRANKIE FRANK'S               _________________
          711 E 32ND ST                 _________________
          YUMA, AZ 85365                _________________
Business Phone:     (928)344-3292       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160267

MAGED SALOUM HANNAWI
MOHAVE MOBIL MART LP
MOHAVE MOBIL MART
10420 S HARBOR AVE
MOHAVE VALLEY AZ 86440

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083086         Renew? ______Yes_____No
Status:   Active           Status Date:     8/11/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MAGED SALOUM HANNAWI          ___________________
Location: MOHAVE MOBIL MART             ___________________
          10420 S HARBOR AVE            ___________________
          MOHAVE VALLEY, AZ 86440       ___________________
Business Phone:     (928)768-1212       __________

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
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160268

JAMES EUGENE THOMAS
LAS BARRANCAS GOLF COURSE
12486 S FOOTHILLS BLVD
YUMA AZ 85367

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06140027         Renew? ______Yes_____No
Status:   Active           Status Date:     8/18/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: LAS BARRANCAS GOLF COURSE     ___________________
          14476 E 48TH STREET           ___________________
          YUMA, AZ 85367                ___________________
Business Phone:     (928)342-7130       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160269

CLARE HOLLIE ABEL
DG RETAIL LLC
DOLLAR GENERAL STORE #10196
100 MISSION RIDGE
GOODLETTSVILLE TN 37072

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 10083267 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 #10196 _____
2645 HUALAPAI MOUNTAIN RD _____
KINGMAN, AZ 86401 _____
Business Phone: (928)718-2904 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10083277 Renew? _____Yes_____No
Status: Active Status Date: 12/9/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: DOLLAR GENERAL STORE #13482 _____
2825 KIOWA BLVD N _____
LAKE HAVASU CITY, AZ 86404 _____
Business Phone: (928)302-2632 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10083278 Renew? _____Yes_____No
Status: Active Status Date: 12/9/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: DOLLAR GENERAL STORE # 12417 _____
3573 MARICOPA AVE _____
LAKE HAVASU CITY, AZ 86406 _____
Business Phone: (928)453-3897 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10083280 Renew? _____Yes_____No
Status: Active Status Date: 12/9/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: DOLLAR GENERAL STORE # 13529 _____
3665 HIGHWAY 66 _____
KINGMAN, AZ 86409 _____
Business Phone: (928)263-6336 _____

Renewal Fees:
License Renewal: 50.00

ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10083281 Renew? _____Yes_____No
Status: Active Status Date: 12/9/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: DOLLAR GENERAL STORE #6772 _____
1590 E JOY LN _____
FORT MOHAVE, AZ 86426 _____
Business Phone: (928)768-4348 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10083282 Renew? _____Yes_____No
Status: Active Status Date: 12/9/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: DOLLAR GENERAL STORE #11090 _____
10255 HARBOR AVE _____
MOHAVE VALLEY, AZ 86440 _____
Business Phone: (928)768-5133 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10083283 Renew? _____Yes_____No
Status: Active Status Date: 12/10/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: DOLLAR GENERAL STORE #6939 _____
5181 HWY 68 _____
GOLDEN VALLEY, AZ 86413 _____
Business Phone: (928)565-3122 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10083292 Renew? _____Yes_____No
Status: Active Status Date: 12/23/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: DOLLAR GENERAL STORE #6878 _____
4405 STOCKTON HILL RD _____
KINGMAN, AZ 86409 _____
Business Phone: (928)692-9210 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00

Total: 120.00

License# 10143143 Renew? _____Yes_____No
Status: Active Status Date: 7/8/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: DOLLAR GENERAL STORE # 9937 _____
11592 S FORTUNA ROAD _____
YUMA, AZ 85367 _____
Business Phone: (928)305-6475 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10143151 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 #14129 _____
12680 S FOOTHILLS BLVD _____
YUMA, AZ 85367 _____
Business Phone: (928)342-8119 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10143157 Renew? _____Yes_____No
Status: Active Status Date: 1/8/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: DOLLAR GENERAL STORE #6779 _____
387 E MAIN ST _____
SOMERTON, AZ 85350 _____
Business Phone: (928)672-0721 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10153053 Renew? _____Yes_____No
Status: Active Status Date: 6/26/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: DOLLAR GENERAL STORE #6663 _____
119 W RIVERSIDE DR _____
PARKER, AZ 85344-5220 _____
Business Phone: (928)669-1911 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

```
--------------------------------------------------------------------------------
License#  10153055         Renew? ______Yes_____No
Status:   Active           Status Date:     10/24/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CLARE HOLLIE ABEL             ___________________
Location: DOLLAR GENERAL STORE #13631   ___________________
          925 W MAIN ST                 ___________________
          QUARTZSITE, AZ 85346          ___________________
Business Phone:     (928)927-6067       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160270

ROBERT M MC NEECE, SR.
MCNEECE BROTHERS OIL CO INC
MCNEECE MART
P O BOX 128
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10141021         Renew? ______Yes_____No
Status:   Active           Status Date:     8/11/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT M MC NEECE, SR.        ___________________
Location: MCNEECE MART                  ___________________
          796 S 4TH AVE                 ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)783-6543       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160271

FRED GARWOOD EARLE
EARLE'S CUSTOM WINES INC
YUMA'S MAIN SQUEEZE
251 S MAIN ST
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143197         Renew? ______Yes_____No
Status:   Active           Status Date:     8/1/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    FRED GARWOOD EARLE            ___________________
Location: YUMA'S MAIN SQUEEZE           ___________________
          251 S MAIN ST                 ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)247-9338       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00

-------------------------------------------------------------------------------
License#  13143000         Renew? ______Yes_____No
Status:   Active           Status Date:     8/4/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    FRED GARWOOD EARLE            ___________________
Location: YUMA'S MAIN SQUEEZE           ___________________
          251 S MAIN ST                 ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)247-9338       __________

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

RG160272

WILLIAM LEWIS RIEHLE
BPOE #468
BPOE #468
902 GATES AVE STE A
KINGMAN AZ 86401

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12081115         Renew? ______Yes_____No
Status:   Active           Status Date:     8/7/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WILLIAM LEWIS RIEHLE          _________________
Location: BPOE #468                     _________________
          900 GATES AVE STE A           _________________
          KINGMAN, AZ 86401             _________________
Business Phone:     (928)753-3557       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00

-------------------------------------------------------------------------------
License#  14080005         Renew? ______Yes_____No
Status:   Active           Status Date:     8/7/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WILLIAM LEWIS RIEHLE          _________________
Location: BPOE #468                     _________________
          900 GATES AVE                 _________________
          KINGMAN, AZ 86401             _________________
Business Phone:     (928)753-3557       __________

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

RG160273

CRAIG WILLIAM REYNOLDS
NAUTICAL SPORTS CENTER INC
NAUTI BEACH GENERAL STORE
1000 MCCULLOCH BLVD STE 102
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083135         Renew? ______Yes_____No
Status:   Active           Status Date:     8/1/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CRAIG WILLIAM REYNOLDS        ___________________
Location: NAUTI BEACH GENERAL STORE     ___________________
          1000 MCCULLOCH BLVD STE102    ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)855-7000       __________

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

RG160274

MICHAEL EDWARD COLLINS
STATION 66 INC
STATION 66
4115 E THOMPSON AVE
KINGMAN AZ 86409

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083205         Renew? ______Yes_____No
Status:   Active           Status Date:     5/14/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL EDWARD COLLINS        ___________________
Location: STATION 66                    ___________________
          4115 E THOMPSON AVE           ___________________
          KINGMAN, AZ 86409             ___________________
Business Phone:     (928)715-0686       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160275

IOANNIS EVANGELOS BARTZIS
MONTENEGRO ENTERPRISES INC
COPPER MINER'S KITCHEN
108 S GILA ST
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143206         Renew? ______Yes_____No
Status:   Active           Status Date:     9/9/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    IOANNIS EVANGELOS BARTZIS     ___________________
Location: COPPER MINER'S KITCHEN        ___________________
          108 S GILA ST                 ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)343-9139       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160276

WILLARD L BUTTS
TEMPLE BAR MARINA LLC
TEMPLE BAR MARINA
1 MAIN ST
TEMPLE BAR AZ 86443

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06080036         Renew? ______Yes_____No
Status:   Active           Status Date:     1/9/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WILLARD L BUTTS               ___________________
Location: TEMPLE BAR MARINA             ___________________
          TEMPLE BAR MARINA             ___________________
          TEMPLE BAR MARINA, AZ 86443   ___________________
Business Phone:     (928)767-3211       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160277

STACY LYNN THOMSON
KINGMAN CLUB LLC
HOUSE OF HOPS
312 E BEALE ST
KINGMAN AZ 86401

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07084000         Renew? ______Yes_____No
Status:   Active           Status Date:     4/15/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    STACY LYNN THOMSON            ___________________
Location: HOUSE OF HOPS                 ___________________
          312 E BEALE ST                ___________________
          KINGMAN, AZ 86401             ___________________
Business Phone:     (928)753-2337       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160278

SOCRATES SCOTT AWAR
AZMKT EATERY LLC
AZ MARKET BAR & GRILL
3737 W 39TH ST
YUMA AZ 85365

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07140052         Renew? ______Yes_____No
Status:   Active           Status Date:     8/14/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SOCRATES SCOTT AWAR           ___________________
Location: AZ MARKET BAR & GRILL         ___________________
          3351 S AVENUE 4E              ___________________
          YUMA, AZ 85365                ___________________
Business Phone:     (928)328-1088       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160279

RICHARD MARION TIMPSON
BEE'S MARKETPLACE CORP
BEE'S MARKETPLACE
P O BOX 2249
CENTENNIAL PARK AZ 86021

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083273         Renew? ______Yes_____No
Status:   Active           Status Date:     8/7/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RICHARD MARION TIMPSON        ___________________
Location: BEE'S MARKETPLACE             ___________________
          1725 S CENTRAL                ___________________
          CENTENNIAL PARK, AZ 86021     ___________________
Business Phone:     (928)875-2323       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160280

CONNIE A RAMOS
LA FONDA
PO BOX 6433
YUMA AZ 85366

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07140039         Renew? ______Yes_____No
Status:   Active           Status Date:     8/14/2000
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: LA FONDA                      _________________
          1095 3RD AVE                  _________________
          YUMA, AZ 85364                _________________
Business Phone:     (520)783-6902       __________

Renewal Fees:
     License Renewal:                   75.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160281

VANCE OLIVER RANDALL
RANDALL VANCE ET AL
R Z MINI MARKET
P O BOX 459
SALOME AZ 85348

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10153013         Renew? ______Yes_____No
Status:   Active           Status Date:     8/1/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    VANCE OLIVER RANDALL          ___________________
Location: R Z MINI MARKET               ___________________
          66785 E AVENUE A              ___________________
          SALOME, AZ 85348              ___________________
Business Phone:     (928)859-3392       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160282

RICHARD ALAN SHUTT
RICHARD A OR MARGARET L SHUTT JTWROS
BLAKE RANCH RV PARK
9315 E BLAKE RANCH RD
KINGMAN AZ 86401

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083148         Renew? ______Yes_____No
Status:   Active           Status Date:     8/11/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RICHARD ALAN SHUTT            ___________________
Location: BLAKE RANCH RV PARK           ___________________
          9315 E BLAKE RANCH ROAD       ___________________
          KINGMAN, AZ 86401             ___________________
Business Phone:     (928)757-3336       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160283

LORENZA EARL COLEMAN
STILETTO'S G C INC
ROXY
6111 E 45TH RD
YUMA AZ 85365

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06140035         Renew? ______Yes_____No
Status:   Inactive         Status Date:     10/30/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LORENZA EARL COLEMAN          _________________
Location: ROXY                          _________________
          830 S MAGNOLIA AVE            _________________
          YUMA, AZ 85364                _________________
Business Phone:     (928)276-0077       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160284

MOHAMED ABDO HASSIN
LUCKY 10 LLC
M-I QUICK STOP
P O BOX 394
EHRENBERG AZ 85334

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10153048         Renew? ______Yes_____No
Status:   Active           Status Date:     4/30/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MOHAMED ABDO HASSIN           ___________________
Location: M-I QUICK STOP                ___________________
          49998 EHRENBERG PARKER HWY    ___________________
          EHRENBERG, AZ 85334           ___________________
Business Phone:     (928)923-9110       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160285

REBECCA PRADO
YUMA GOLF & COUNTRY CLUB
YUMA GOLF & COUNTRY CLUB
3150 S FORTUNA AVE
YUMA AZ 85365

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14140005         Renew? ______Yes_____No
Status:   Active           Status Date:     8/13/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    REBECCA  PRADO                _________________
Location: YUMA GOLF & COUNTRY CLUB      _________________
          3150 FORTUNA AVE              _________________
          YUMA, AZ 85365                _________________
Business Phone:     (928)726-4210       __________

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

RG160286

CELIA SANCHEZ
VALDO'S IGUANAS MEXICAN RESTAURANT
2110 KINGSTON DR
BULLHEAD CITY AZ 86442

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083221         Renew? ______Yes_____No
Status:   Active           Status Date:     2/7/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: VALDO'S IGUANAS MEXICAN RESTAURANT___________________
          1778 HWY 95                   ___________________
          BULLHEAD CITY, AZ 86442       ___________________
Business Phone:     (928)763-1796       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160287

JOHN WALKER MC NEELY
YESTERDAYS RESTAURANT
P O BOX 100
CHLORIDE AZ 86431

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083225         Renew? ______Yes_____No
Status:   Active           Status Date:     3/10/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: YESTERDAYS RESTAURANT         _________________
          9827 2ND ST                   _________________
          CHLORIDE, AZ 86431            _________________
Business Phone:     (928)565-4251       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160288

STEVEN CHRIS MAURER
BPOE #2408
BPOE #2408
1745 EMERALD RD
BULLHEAD CITY AZ 86442

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14080002         Renew? ______Yes_____No
Status:   Active           Status Date:     8/9/2002
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    STEVEN CHRIS MAURER           ___________________
Location: BPOE #2408                    ___________________
          1745 EMERALD RD               ___________________
          BULLHEAD CITY, AZ 86442       ___________________
Business Phone:     (928)758-2408       __________

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

RG160289

CONSTANCE CHILDERS
CHILDERS ET AL
CRAZY HORSE FOOD & FEED
8746 N STOCKTON HILL RD
KINGMAN AZ 86409

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083092         Renew? ______Yes_____No
Status:   Active           Status Date:     8/3/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CONSTANCE  CHILDERS           ___________________
Location: CRAZY HORSE FOOD & FEED       ___________________
          8746 N STOCKTON HILL          ___________________
          KINGMAN, AZ 86401             ___________________
Business Phone:     (928)681-3938       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160290

DOYLE WILLIAM DEANE MC CURLEY
ROCKY'S NEW YORK STYLE PIZZERIA LLC
ROCKY'S NEW YORK STYLE PIZZERIA
2601 S 4TH AVE
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07140040         Renew? ______Yes_____No
Status:   Active           Status Date:     12/3/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DOYLE WILLIAM DEANE MC CURLEY _________________
Location: ROCKY'S NEW YORK STYLE PIZZERIA_________________
          2601 S 4TH AVE                _________________
          YUMA, AZ 85364                _________________
Business Phone:     (928)344-3260       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160291

KIT MAN LAU
HUANG JIA CORP
EAT ASIAN SUPER BUFFET
1960 E PALO VERDE
YUMA AZ 85365

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143154         Renew? ______Yes_____No
Status:   Active           Status Date:     9/8/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KIT MAN LAU                   ___________________
Location: EAT ASIAN SUPER BUFFET        ___________________
          1960 E PALO VERDE             ___________________
          YUMA, AZ 85365                ___________________
Business Phone:     (928)317-9108       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160292

KAREN ELIZABETH HALONE
COLORADO RIVER INDIAN TRIBES
C'S BAR & GRILL
26600 MOHAVE RD
PARKER AZ 85344

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 06150007 Renew? _____Yes_____No
Status: Active Status Date: 8/14/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KAREN ELIZABETH HALONE _____
Location: C'S BAR & GRILL _____
30599 BLUEWATER DR _____
PARKER, AZ 85344 _____
Business Phone: (928)669-1280 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 10153060 Renew? _____Yes_____No
Status: Active Status Date: 10/20/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: DEMPSEY R HOLT _____
Location: RUNNING MAN #1 _____
1115 MOHAVE RD _____
PARKER, AZ 85344 _____
Business Phone: (928)669-1859 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 10153061 Renew? _____Yes_____No
Status: Active Status Date: 10/20/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: DEMPSEY R HOLT _____
Location: RUNNING MAN #2 _____
28645 AIRPORT RD _____
PARKER, AZ 85344 _____
Business Phone: (928)669-1859 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____

Name Street City County Zip

2) _____ _____

Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160293

WALTER BRENT KYTE
PIZZA HUT OF ARIZONA INC
PIZZA HUT #14
5902 E PIMA RD
TUCSON AZ 85712

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07140029 Renew? _____Yes_____No
Status: Active Status Date: 10/31/2006
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: WALTER BRENT KYTE _____
Location: PIZZA HUT #14 _____
1843 4TH AVE _____
YUMA, AZ 85364 _____
Business Phone: (928)782-1190 _____

Renewal Fees:

License Renewal:	75.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	175.00

License# 12141004 Renew? _____Yes_____No
Status: Active Status Date: 7/31/1997
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: WALTER BRENT KYTE _____
Location: PIZZA HUT #24 _____
580 E 32ND ST _____
YUMA, AZ 85364 _____
Business Phone: (928)726-4118 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

License# 12141042 Renew? _____Yes_____No
Status: Active Status Date: 7/31/1997
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: WALTER BRENT KYTE _____
Location: PIZZA HUT #36 _____
624 N SAN LUIS PLAZA DR _____
SAN LUIS, AZ 85349 _____
Business Phone: (928)627-3844 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

License# 12143013 Renew? _____Yes_____No
Status: Active Status Date: 7/31/1997
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: WALTER BRENT KYTE _____
Location: PIZZA HUT #39 _____
10611 S FORTUNA RD _____

YUMA, AZ 85367 _____
Business Phone: (928)305-9308 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160294

MISTY KAY HALLER
WALLACE UNLIMITED LLC
MOHAVE MARKET PLACE
5480 HWY 95
FORT MOHAVE AZ 86426

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09083001         Renew? ______Yes_____No
Status:   Active           Status Date:     6/25/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MISTY KAY HALLER              _________________
Location: MOHAVE MARKET PLACE           _________________
          5480 HWY 95                   _________________
          FORT MOHAVE, AZ 86426         _________________
Business Phone:     (928)768-0108       __________

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
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160295

FILIBERTO TORRES VASQUEZ
EL TORO MEAT MARKET
1007 W 8TH ST
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10143072         Renew? ______Yes_____No
Status:   Active           Status Date:     8/1/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: EL TORO MEAT MARKET           ___________________
          1007 W 8TH ST                 ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)373-0277       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160296

MICHAEL WILLIAM MANOS
DENFRAN ARIZONA INC
DENNY'S
3444 CAMINO DEL RIO N STE 101
SAN DIEGO CA 92108

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 12143204 Renew? _____Yes_____No
Status: Active Status Date: 8/7/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MICHAEL WILLIAM MANOS _____
Location: DENNY'S _____
11255 E SOUTH FRONTAGE RD _____
YUMA, AZ 85367 _____
Business Phone: (928)276-9018 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

License# 12143205 Renew? _____Yes_____No
Status: Active Status Date: 8/7/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MICHAEL WILLIAM MANOS _____
Location: DENNY'S _____
1435 E 16TH ST _____
YUMA, AZ 85365 _____
Business Phone: (928)782-2202 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners,

partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160297

LOUIE C GONZALES
LOU MAN G INC
KIOWA DRIVE THRU
2680 KIOWA BLVD N
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083006         Renew? ______Yes_____No
Status:   Active           Status Date:     8/1/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LOUIE C GONZALES              ___________________
Location: KIOWA DRIVE THRU              ___________________
          2680 KIOWA BLVD N             ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
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

RG160298

STEPHEN RAPHAEL SCHUMACK
LIGURTA STATION INC
LIGURTA STATION
19702 HWY 80
WELLTON AZ 85356

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06140016         Renew? ______Yes_____No
Status:   Active           Status Date:     8/9/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    STEPHEN RAPHAEL SCHUMACK      ___________________
Location: LIGURTA STATION               ___________________
          19702 HWY 80                  ___________________
          WELLTON, AZ 85356             ___________________
Business Phone:     (520)785-4361       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160299

FORMERIO SANCHEZ RODRIGUEZ
RODRIGUEZ FORMERIO ET AL
LA FLOR MEXICAN RESTAURANT
1085 W 3RD ST
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12141021         Renew? ______Yes_____No
Status:   Active           Status Date:     8/2/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    FORMERIO SANCHEZ RODRIGUEZ    ___________________
Location: LA FLOR MEXICAN RESTAURANT    ___________________
          1085 W 3RD ST                 ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (520)782-5621       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160300

MARIA K STEFANAKOS
FOOTHILLS RESTAURANT LLC
FOOTHILLS EATERY & SPIRITS
P O BOX 4579
YUMA AZ 85366-4579

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143068         Renew? ______Yes_____No
Status:   Inactive         Status Date:     5/9/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARIA K STEFANAKOS            ___________________
Location: FOOTHILLS EATERY & SPIRITS    ___________________
          12871 E SOUTH FRONTAGE RD     ___________________
          YUMA, AZ 85365                ___________________
Business Phone:     (520)342-0409       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160301

MYRON ELLIS STORING
STORING - CURTIS INC
WIKIEUP TRADING POST
P O BOX 24
WIKIEUP AZ 85360

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09080043         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MYRON ELLIS STORING           _________________
Location: WIKIEUP TRADING POST          _________________
          18040 S HWY 93                _________________
          WIKIEUP, AZ 85360             _________________
Business Phone:     (928)765-2241       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160302

MANJIT SINGH BAJWA
PRIDE TRAVEL CENTER LLC III
PRIDE
5240 S SUNLAND GIN RD
ELOY AZ 85131

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10153057         Renew? ______Yes_____No
Status:   Active           Status Date:     2/20/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MANJIT SINGH BAJWA            ___________________
Location: PRIDE                         ___________________
          48710 VICKSBURG RD            ___________________
          SALOME, AZ 85348              ___________________
Business Phone:     (928)859-3843       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160303

DAVID A HUNDERFUND
DIGGER DAVES LLC
DIGGER DAVES
P O BOX 43
CHLORIDE AZ 86431

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083466         Renew? ______Yes_____No
Status:   Active           Status Date:     6/26/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID A HUNDERFUND            ___________________
Location: DIGGER DAVES                  ___________________
          4962 W TENNESSEE AVE          ___________________
          CHLORIDE, AZ 86431            ___________________
Business Phone:     (928)565-3283       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160304

MICHAEL MCKEAN THORNTON
HOOCH'S 95 BAR & GRILL
P O BOX 132
TOPOCK AZ 86436

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083476         Renew? ______Yes_____No
Status:   Active           Status Date:     2/11/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: HOOCH'S 95 BAR & GRILL        _________________
          5575 HWY 95                   _________________
          FORT MOHAVE, AZ 86426         _________________
Business Phone:     (928)768-3663       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160305

DONALD J KROHN
MOOSE LODGE #1860
MOOSE LODGE #1860
P O BOX 22727
BULLHEAD CITY AZ 86439

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14080008         Renew? ______Yes_____No
Status:   Active           Status Date:     8/6/2002
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DONALD J KROHN                _________________
Location: MOOSE LODGE #1860             _________________
          2320 MIRACLE MILE             _________________
          RIVIERA, AZ 86442             _________________
Business Phone:     (928)763-1860       __________

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

RG160306

LEONARD R SANCHEZ
WELLTON ENERGY LLC
CHEVRON
833 E PLAZA CR
YUMA AZ 85365

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10143137         Renew? ______Yes_____No
Status:   Active           Status Date:     3/16/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LEONARD R SANCHEZ             ___________________
Location: CHEVRON                       ___________________
          28864 COMMERCE WAY            ___________________
          WELLTON, AZ 85356             ___________________
Business Phone:     (928)785-9974       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160307

GARY RICHARD HAYES
LAKE HAVASU YACHT CLUB
LAKE HAVASU YACHT CLUB
631 LONDON BRIDGE RD
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14081001         Renew? ______Yes_____No
Status:   Active           Status Date:     8/5/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GARY RICHARD HAYES            ___________________
Location: LAKE HAVASU YACHT CLUB        ___________________
          631 LONDON BRIDGE RD          ___________________
          LAKE HAVASU CITY, AZ 86404    ___________________
Business Phone:     (520)453-5005       __________

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

RG160308

JARED MICHAEL REPINSKI
DUSTY'S PIZZA & WINGS LLC
DUSTY'S PIZZA & WINGS
28411 CANAL AVE
WELLTON AZ 85356

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143185         Renew? ______Yes_____No
Status:   Active           Status Date:     1/28/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JARED MICHAEL REPINSKI        _________________
Location: DUSTY'S PIZZA & WINGS         _________________
          28881 COMMERCE WAY #B         _________________
          WELLTON, AZ 85356             _________________
Business Phone:     (928)785-4355       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160309

WILLIAM DOUGLAS PETERSON
V F W #2190
V F W #2190
P O BOX 141
CHLORIDE AZ 86431

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14081002         Renew? ______Yes_____No
Status:   Active           Status Date:     8/17/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WILLIAM DOUGLAS PETERSON      _________________
Location: V F W #2190                   _________________
          5161 W TENNESSEE CHLORIDE ACTIVITIES CENTER BLDG  _________________
          CHLORIDE, AZ 86431            _________________
Business Phone:     (928)565-9555       __________

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

RG160310

DONNA HAMERA
CANADA MART
210 W ANDY DEVINE AVE
KINGMAN AZ 86401

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083231         Renew? ______Yes_____No
Status:   Active           Status Date:     6/12/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: CANADA MART                   _________________
          210 W ANDY DEVINE AVE         _________________
          KINGMAN, AZ 86401             _________________
Business Phone:     (928)753-2400       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160311

NOBLE ZUBAID
66 ON 66 BAR & GRILL LLC
CANYON 66 RESTAURANT & LOUNGE
3100 E ANDY DEVINE AVE
KINGMAN AZ 86401

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083515         Renew? ______Yes_____No
Status:   Active           Status Date:     3/10/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NOBLE  ZUBAID                 ___________________
Location: CANYON 66 RESTAURANT & LOUNGE ___________________
          3100 E ANDY DEVINE AVE        ___________________
          KINGMAN, AZ 86401             ___________________
Business Phone:     (928)529-5010       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160312

IOANNIS EVANGELOS BARTZIS
MAD GREEK ENTERPRISES INC
COPPER MINERS RESTAURANT
11375 FOOTHILLS BLVD
YUMA AZ 85367

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143211         Renew? ______Yes_____No
Status:   Active           Status Date:     11/12/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    IOANNIS EVANGELOS BARTZIS     ___________________
Location: COPPER MINERS RESTAURANT      ___________________
          11375 FOOTHILS BLVD           ___________________
          YUMA, AZ 85367                ___________________
Business Phone:     (928)305-6552       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160313

ALAN ADOLF OLIVAS
WONDER BAR
2034 PLAZA DR
BULLHEAD CITY AZ 86442

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07080078         Renew? ______Yes_____No
Status:   Active           Status Date:     6/25/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: WONDER BAR                    _________________
          2034 PLAZA DR                 _________________
          BULLHEAD CITY, AZ 86442       _________________
Business Phone:     (928)763-9221       __________

Renewal Fees:
     License Renewal:                   75.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160314

LAURIE KIM MC KIM
OFFICE COCKTAIL LOUNGE
2180 W ACOMA
LAKE HAVASU CITY AZ 86404

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06080030         Renew? ______Yes_____No
Status:   Active           Status Date:     5/20/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: OFFICE COCKTAIL LOUNGE        _________________
          2180 S ACOMA BLVD             _________________
          LAKE HAVASU CITY, AZ 86403    _________________
Business Phone:     (928)855-9583       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160315

MARYELLEN BOWMAN
BOBBY D'S DINER INC
BOBBY D'S DINER
PO BOX 3451
PARKER AZ 85344

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07155000         Renew? ______Yes_____No
Status:   Active           Status Date:     4/30/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARYELLEN  BOWMAN             _________________
Location: BOBBY D'S DINER               _________________
          10230 HARBOR DR               _________________
          PARKER, AZ 85344              _________________
Business Phone:     (928)667-2646       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160316

JEONG YEA KIM KWON
SUPER STOP
10485 BARRACKMAN RD
MOHAVE VALLEY AZ 86440

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083248         Renew? ______Yes_____No
Status:   Active           Status Date:     8/9/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: SUPER STOP                    ___________________
          10485 BARRACKMAN RD           ___________________
          MOHAVE VALLEY, AZ 86440       ___________________
Business Phone:     (928)768-7728       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160317

GERALD G KELTNER
DOCKSIDE MINI MARKET INC
DOCKSIDE MINI MARKET
416 HANCOCK RD
BULLHEAD CITY AZ 86442

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09080036         Renew? ______Yes_____No
Status:   Active           Status Date:     8/1/2002
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GERALD G KELTNER              ___________________
Location: DOCKSIDE MINI MARKET          ___________________
          416 HANCOCK RD                ___________________
          BULLHEAD CITY, AZ 86442       ___________________
Business Phone:     (520)758-2751       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160318

DOREEN ANN CAIN
OUR PLACE BAR LLC
OUR PLACE BAR
P O BOX 3084
DATELAND AZ 85333

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06140033         Renew? ______Yes_____No
Status:   Active           Status Date:     12/6/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DOREEN ANN CAIN               ___________________
Location: OUR PLACE BAR                 ___________________
          1489 N AVE 64 E               ___________________
          DATELAND, AZ 85333            ___________________
Business Phone:     (928)454-2453       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160319

CRAIG WILLIAM REYNOLDS
PIRATES DEN LLC
PIRATES DEN RV RESORT & MARINA
7350 A RIVERSIDE DR
PARKER AZ 85344

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06157000         Renew? ______Yes_____No
Status:   Active           Status Date:     8/23/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CRAIG WILLIAM REYNOLDS        ___________________
Location: PIRATES DEN RV RESORT & MARINA___________________
          7350 A RIVERSIDE DR           ___________________
          PARKER, AZ 85344              ___________________
Business Phone:     (928)667-3102       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00

-------------------------------------------------------------------------------
License#  10153047         Renew? ______Yes_____No
Status:   Active           Status Date:     8/23/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CRAIG WILLIAM REYNOLDS        ___________________
Location: PIRATES DEN                   ___________________
          7350 A RIVERSIDE DR           ___________________
          PARKER, AZ 85344              ___________________
Business Phone:     (928)667-3102       __________

Renewal Fees:
     License Renewal:                   50.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160320

KEVIN JOHN KELLY
N & D RESTAURANTS LLC
OLIVE GARDEN ITALIAN RESTAURANT #1671
P O BOX 695016
ORLANDO FL 32869

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143148         Renew? ______Yes_____No
Status:   Active           Status Date:     3/30/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KEVIN JOHN KELLY              _________________
Location: OLIVE GARDEN ITALIAN RESTAURANT #1671_________________
          1720 E 16TH ST                _________________
          YUMA, AZ 85365                _________________
Business Phone:     (928)329-8180       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160321

RANDY ALLEN JENKINS
SHORT STOP
1732 MCCULLOCH BLVD S
LAKE HAVASU CITY AZ 86406

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083062         Renew? ______Yes_____No
Status:   Active           Status Date:     3/5/1999
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: SHORT STOP                    ___________________
          1732 MCCULLOCH BLVD S         ___________________
          LAKE HAVASU CITY, AZ 86406    ___________________
Business Phone:     (928)854-1181       __________

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
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160322

URIEL VASQUEZ MEJIA
TACO MIO
1613 PALO VERDE AVE
PARKER AZ 85344

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12153057         Renew? ______Yes_____No
Status:   Active           Status Date:     8/7/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: TACO MIO                      _________________
          130 E MAIN ST                 _________________
          QUARTZSITE, AZ 85346          _________________
Business Phone:     (928)927-5440       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160323

FARIS PUTRUS JAMO
VALLEY MARKET LIQUOR
3840 W 24TH ST
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09143002         Renew? ______Yes_____No
Status:   Active           Status Date:     11/15/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: VALLEY MARKET LIQUOR          _________________
          3840 W 24TH ST                _________________
          YUMA, AZ 85364                _________________
Business Phone:     (928)783-5405       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160324

FIDEL A JORAJURIA
BASQUE ETCHEA INC
BASQUE ETCHEA
P O BOX 306
TACNA AZ 85352

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06140025         Renew? ______Yes_____No
Status:   Active           Status Date:     8/4/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    FIDEL A JORAJURIA             ___________________
Location: BASQUE ETCHEA                 ___________________
          8575 AVE 40 E                 ___________________
          TACNA, AZ 85352               ___________________
Business Phone:     (928)785-4027       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160325

APRIL MARIE ENZ
A & J GAS & SNACK LLC
76
616 RIVERSIDE DR
PARKER AZ 85344

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09150014         Renew? ______Yes_____No
Status:   Active           Status Date:     7/30/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    APRIL MARIE ENZ               ___________________
Location: 76                            ___________________
          616 RIVERSIDE DR              ___________________
          PARKER, AZ 85344              ___________________
Business Phone:     (928)669-9493       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160326

ROBERT JEFFREY DAY
LA VITA DOLCE INC
LA VITA DOLCE
231 SWANSON AVE #110, 112, 114
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 12083415 Renew? _____Yes_____No
Status: Active Status Date: 5/26/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT JEFFREY DAY _____
Location: LA VITA DOLCE _____
231 SWANSON AVE #110, 112, 114 _____
LAKE HAVASU CITY, AZ 86403 _____
Business Phone: (928)680-5885 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160327

H J LEWKOWITZ
APPLE YUMA INC
APPLEBEE'S NEIGHBORHOOD GRILL & BAR
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143026         Renew? ______Yes_____No
Status:   Active           Status Date:     10/29/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 _________________
Location: APPLEBEE'S NEIGHBORHOOD GRILL & BAR_________________
          3101 S 4TH AVE                _________________
          YUMA, AZ 85364                _________________
Business Phone:     (928)344-3374       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160328

KHALED ABDO AL MULIKI
K & G MARKET LLC
K & G MARKET
P O BOX 1516
YUMA AZ 85366

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10143140         Renew? ______Yes_____No
Status:   Active           Status Date:     2/15/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KHALED ABDO AL MULIKI         ___________________
Location: K & G MARKET                  ___________________
          191 S AVE B                   ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)783-7221       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160329

ELSA ALICIA CORONADO
YUMA MARKET CORONADO'S LLC
YUMA MARKET
890 E 24TH ST
YUMA AZ 85365

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10143055         Renew? ______Yes_____No
Status:   Active           Status Date:     8/10/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ELSA ALICIA CORONADO          ___________________
Location: YUMA MARKET                   ___________________
          890 E 24TH ST                 ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (520)344-3533       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160330

RACHEL ELLEN PUGLIA
MARED LLC
GRAND CANYON WESTERN RANCH
P O BOX 11084
MARINA DEL REY CA 90295

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  11083017         Renew? ______Yes_____No
Status:   Active           Status Date:     11/5/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RACHEL ELLEN PUGLIA           ___________________
Location: GRAND CANYON WESTERN RANCH    ___________________
          3750 E DIAMOND BAR RD         ___________________
          MEADVIEW, AZ 86444            ___________________
Business Phone:     (928)715-7196       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            555.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160331

TIMOTHY ALLEN CURRY
TACK SHED SALOON & EATERY INC
TACK SHED SALOON
2829 BEVERLY AVE
KINGMAN AZ 86409

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06080026         Renew? ______Yes_____No
Status:   Active           Status Date:     11/29/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TIMOTHY ALLEN CURRY           ___________________
Location: TACK SHED SALOON              ___________________
          2829 BEVERLY AVE              ___________________
          KINGMAN, AZ 86409             ___________________
Business Phone:     (928)377-3726       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160332

ADEL YOUSEFF G FARAG
LAKE HAVASU GC LLC
GOLDEN CORRAL
1550 S PALO VERDE BLVD
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083487         Renew? ______Yes_____No
Status:   Active           Status Date:     7/10/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ADEL YOUSEFF G FARAG          ___________________
Location: GOLDEN CORRAL                 ___________________
          1550 S PALO VERDE BLVD        ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)680-6509       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160333

ARTHUR J FROST, III
FROST BROTHERS LLC
ZIP GAS & CONVENIENCE
1321 S WESTERN SKIES DR
GILBERT AZ 85296

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10153064         Renew? ______Yes_____No
Status:   Active           Status Date:     5/13/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ARTHUR J FROST, III           ___________________
Location: ZIP GAS & CONVENIENCE         ___________________
          1100 CALIFORNIA AVE           ___________________
          PARKER, AZ 85344              ___________________
Business Phone:     (928)669-8181       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160334

CRYSTAL MARY LANGE
WENDEN US 60 COUNTRY MARKET & HARDWARE
P O BOX 368
WENDEN AZ 85357

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09150009         Renew? ______Yes_____No
Status:   Active           Status Date:     9/8/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: WENDEN US 60 COUNTRY MARKET & HARDWARE___________________
          HWY 60                        ___________________
          WENDEN, AZ 85357              ___________________
Business Phone:     (928)859-3270       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160335

DONALD CHRISTOPHER LEWIS
COCO'S RESTAURANTS INC
COCO'S BAKERY & RESTAURANT
120 CHULA VISTA
HOLLYWOOD PARK TX 78232

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143167         Renew? ______Yes_____No
Status:   Active           Status Date:     9/15/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DONALD CHRISTOPHER LEWIS      ___________________
Location: COCO'S BAKERY & RESTAURANT    ___________________
          2198 S 4TH AVE                ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)343-1051       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160336

RYAN DAVID HAILE
HAILE INCORPORATED
CROSSING
2690 S 4TH AVE
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143079         Renew? ______Yes_____No
Status:   Active           Status Date:     8/8/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RYAN DAVID HAILE              ___________________
Location: CROSSING                      ___________________
          2690 S 4TH AVE                ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)726-5551       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160337

JARED MICHAEL REPINSKI
L B HOLDINGS LLC
LISA'S BISTRO
1595 MOHAVE DR #5
BULLHEAD CITY AZ 86442

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083462         Renew? ______Yes_____No
Status:   Active           Status Date:     5/16/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JARED MICHAEL REPINSKI        ___________________
Location: LISA'S BISTRO                 ___________________
          1595 MOHAVE DR #5             ___________________
          BULLHEAD CITY, AZ 86442       ___________________
Business Phone:     (928)219-5911       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160338

WILLIAM ALLEN ADAS
ADAS BROS HORTICULTURAL MANAGEMENT LLC
DESERT GARDEN CENTER
P O BOX 369
YUCCA AZ 86438

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083258         Renew? ______Yes_____No
Status:   Active           Status Date:     11/25/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WILLIAM ALLEN ADAS            ___________________
Location: DESERT GARDEN CENTER          ___________________
          10832 DOUBLE R DR             ___________________
          YUCCA, AZ 86438               ___________________
Business Phone:     (928)766-2322       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160339

JAMES EDWARD SHAFFER
PACIFIC ENTERPRISES INC
PLATINUM CABARET
P O BOX 4339
YUMA AZ 85366

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 06140008 Renew? _____Yes_____No
Status: Inactive Status Date: 2/1/2016
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JAMES EDWARD SHAFFER _____
Location: PLATINUM CABARET _____
822 E 21ST ST _____
YUMA, AZ 85364 _____
Business Phone: (928)580-5047 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 06140034 Renew? _____Yes_____No
Status: Inactive Status Date: 2/1/2016
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JAMES EDWARD SHAFFER _____
Location: SPECIAL EVENTS ON 21ST STREET _____
822-R E 21ST ST _____
YUMA, AZ 85365 _____
Business Phone: (928)580-5047 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 06144000 Renew? _____Yes_____No
Status: Active Status Date: 2/1/2016
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JAMES EDWARD SHAFFER _____
Location: PLATINUM CABARET _____
822 E 21ST ST _____
YUMA, AZ 85364 _____
Business Phone: (928)580-5047 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 06144001 Renew? _____Yes_____No
Status: Active Status Date: 2/1/2016
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JAMES EDWARD SHAFFER _____
Location: SPECIAL EVENTS ON 21ST STREET _____
822-R E 21ST ST _____
YUMA, AZ 85365 _____
Business Phone: (928)580-5047 _____

```
Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160340

ANTHONY ROTHACHER
LA PIAZZA PIZZA LLC
LA PIAZZA
801 11TH ST
PARKER AZ 85344

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07150018         Renew? ______Yes_____No
Status:   Active           Status Date:     1/23/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANTHONY  ROTHACHER            ___________________
Location: LA PIAZZA                     ___________________
          801 11TH ST                   ___________________
          PARKER, AZ 85344              ___________________
Business Phone:     (928)669-2441       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160341

MAJID SAADI JAJO
SOUAD INC
QUALITY LIQUORS
2087 4TH AVE
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09140008         Renew? ______Yes_____No
Status:   Active           Status Date:     2/9/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MAJID SAADI JAJO              ___________________
Location: QUALITY LIQUORS               ___________________
          2087 4TH AVE                  ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)539-0698       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160342

RANDY FAIEK MARY
R3M INC
LIQUOR CASTLE
824 E HANCOCK RD
BULLHEAD CITY AZ 86442

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09080008         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY FAIEK MARY              _________________
Location: LIQUOR CASTLE                 _________________
          824 E HANCOCK RD              _________________
          BULLHEAD CITY, AZ 86442       _________________
Business Phone:     (928)758-2888       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160343

JAMES MICHAEL KOMICK
KOMICK LTD PARTNERSHIP
HIDDEN SHORES VILLAGE
10300 IMPERIAL DAM RD
YUMA AZ 85365

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 10143044 Renew? _____Yes_____No
Status: Active Status Date: 4/7/2000
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JAMES MICHAEL KOMICK _____
Location: HIDDEN SHORES VILLAGE _____
10300 IMPERIAL DAM RD _____
YUMA, AZ 85365 _____
Business Phone: (928)539-6700 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 12143040 Renew? _____Yes_____No
Status: Active Status Date: 1/8/2001
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JAMES MICHAEL KOMICK _____
Location: HIDDEN SHORES VILLAGE _____
10300 IMPERIAL DAM RD _____
YUMA, AZ 85365 _____
Business Phone: (928)539-6700 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160344

ROBERT EUGENE ATKINS
HAVASU SPRINGS RESORT LLC
SPRINGS DINING AND COCKTAILS
2581 HWY 95
PARKER AZ 85344

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12150003         Renew? ______Yes_____No
Status:   Active           Status Date:     8/19/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT EUGENE ATKINS          ___________________
Location: SPRINGS DINING AND COCKTAILS  ___________________
          2581 HWY 95                   ___________________
          PARKER, AZ 85344              ___________________
Business Phone:     (928)667-3361       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160345

CURT STEPHEN SCHMIDT
R BAR & GRILL LLC
R BAR
2924 RANCHERO
LAKE HAVASU CITY AZ 86406

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06080018         Renew? ______Yes_____No
Status:   Active           Status Date:     7/31/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CURT STEPHEN SCHMIDT          ___________________
Location: R BAR                         ___________________
          3185 MARICOPA AVE             ___________________
          LAKE HAVASU CITY, AZ 86404    ___________________
Business Phone:     (928)453-3876       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160346

ARMANDO O DURON
OASIS PURIFIED WATER
PO BOX 301
SAN LUIS AZ 85349

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10141044         Renew? ______Yes_____No
Status:   Active           Status Date:     8/12/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: OASIS PURIFIED WATER          _________________
          718 E F ST LOT # 3            _________________
          SAN LUIS, AZ 85349            _________________
Business Phone:     (520)627-8154       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160347

RONALD PERRY CAMPBELL
GARLIC CLOVE RESTAURANT & CATERING CO
3333 N THUNDERBIRD CANYON RD
KINGMAN AZ 86409

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07080021         Renew? ______Yes_____No
Status:   Active           Status Date:     9/11/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: GARLIC CLOVE RESTAURANT & CATERING CO___________________
          509 E BEALE ST                ___________________
          KINGMAN, AZ 86401             ___________________
Business Phone:     (928)753-3463       __________

Renewal Fees:
     License Renewal:                   75.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160348

RAJEN A PATEL
USA TRUCK CENTER LLC
USA TRUCK CENTER
2727 W SOUTHERN AVE #5
TEMPE AZ 85282

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083192         Renew? ______Yes_____No
Status:   Active           Status Date:     8/5/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RAJEN A PATEL                 ___________________
Location: USA TRUCK CENTER              ___________________
          953 W BEALE ST                ___________________
          KINGMAN, AZ 86401             ___________________
Business Phone:     (928)753-1818       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160349

LONDA MARIE HALVORSON
LMO STAGGER LEE'S LLC
STAGGER LEE'S
1282 PARK TERRACE LN
LAKE HAVASU CITY AZ 86404

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07080030         Renew? ______Yes_____No
Status:   Active           Status Date:     5/12/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LONDA MARIE HALVORSON         ___________________
Location: STAGGER LEE'S                 ___________________
          3428 N LONDON BRIDGE RD       ___________________
          LAKE HAVASU CITY, AZ 86404    ___________________
Business Phone:     (928)764-2042       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160350

ALFREDO VEJAR RUBALCAVA, JR.
V F W #9401
V F W #9401
266 LONDON BRIDGE RD
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14080011         Renew? ______Yes_____No
Status:   Active           Status Date:     8/1/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ALFREDO VEJAR RUBALCAVA, JR.  ___________________
Location: V F W #9401                   ___________________
          266 LONDON BRIDGE RD          ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)855-5374       __________

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

RG160351

DONNA LAVERNE ANDERSON
OVERSEAS INVESTMENTS LLC
ANDY DEVINE 76
3023 E ANDY DEVINE AVE
KINGMAN AZ 86401

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083107         Renew? ______Yes_____No
Status:   Active           Status Date:     8/1/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DONNA LAVERNE ANDERSON        ___________________
Location: ANDY DEVINE 76                ___________________
          3041 E ANDY DEVINE AVE        ___________________
          KINGMAN, AZ 86401             ___________________
Business Phone:     (928)753-7500       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160352

CHRISTINE ADELLA DAWSON
BOYZ PIZZA & PASTA LLC
DA BOYZ PIZZA AND PASTA
11274 S FORTUNA RD STE C-9
YUMA AZ 85367

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143059         Renew? ______Yes_____No
Status:   Active           Status Date:     8/12/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHRISTINE ADELLA DAWSON       ___________________
Location: DA BOYZ PIZZA AND PASTA       ___________________
          11274 S FORTUNA RD STE C-9    ___________________
          YUMA, AZ 85367                ___________________
Business Phone:     (928)317-1717       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160353

DAVID WILLIAM ERICKSON
MOOSE LODGE #2269
MOOSE LODGE #2269
3279 MARICOPA AVE
LAKE HAVASU CITY AZ 86406

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14080012         Renew? ______Yes_____No
Status:   Active           Status Date:     8/3/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID WILLIAM ERICKSON        ___________________
Location: MOOSE LODGE #2269             ___________________
          3279 MARICOPA AVE             ___________________
          LAKE HAVASU CITY, AZ 86406    ___________________
Business Phone:     (928)855-0290       __________

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

RG160354

JANN GAIL STOLTZ
HAVASU ISLAND GOLF COURSE CO LLC
HAVASU ISLAND GOLF COURSE
1040 MCCULLOCH BLVD
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06080016         Renew? ______Yes_____No
Status:   Active           Status Date:     8/22/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JANN GAIL STOLTZ              ___________________
Location: HAVASU ISLAND GOLF COURSE     ___________________
          1040 MCCULLOCH BLVD           ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)855-2141       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160355

RICHARD SCOTT TEEL
RED LOBSTER HOSPITALITY LLC
RED LOBSTER #6333
P O BOX 6508
ATTN LICENSING
ORLANDO FL 32802-6508

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143199         Renew? ______Yes_____No
Status:   Active           Status Date:     11/13/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RICHARD SCOTT TEEL            _________________
Location: RED LOBSTER #6333             _________________
          1521 S YUMA PALMS PKWY        _________________
          YUMA, AZ 85365                _________________
Business Phone:     (928)329-0104       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160356

RONALD CHARLES HUNTER
HUNTER ARNOLD LLC
WESTSIDE MOBIL
999 W BEALE ST
KINGMAN AZ 86401

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083070         Renew? ______Yes_____No
Status:   Active           Status Date:     10/20/1999
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RONALD CHARLES HUNTER         ___________________
Location: WESTSIDE MOBIL                ___________________
          999 W BEALE ST                ___________________
          KINGMAN, AZ 86401             ___________________
Business Phone:     (520)718-0999       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160357

SAMUEL WILLIAM STALLINGS
BOATHOUSE CAFE LLC
BOATHOUSE CAFE
26432 N TAMARISK
MEADVIEW AZ 86444

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083519         Renew? ______Yes_____No
Status:   Active           Status Date:     6/22/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SAMUEL WILLIAM STALLINGS      _________________
Location: BOATHOUSE CAFE                _________________
          30185 ESCALANTE BLVD          _________________
          MEADVIEW, AZ 86444            _________________
Business Phone:     (435)669-4701       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160358

H J LEWKOWITZ
YUMA HOOTERS INC
HOOTERS
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143218         Renew? ______Yes_____No
Status:   Active           Status Date:     6/10/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 _________________
Location: HOOTERS                       _________________
          1519 S YUMA PALMS PKWY        _________________
          YUMA, AZ 85365                _________________
Business Phone:     (928)466-8377       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160359

JEFFERY ALAN BICK
KMART CORPORATION
BIG KMART #3375
3333 BEVERLY RD B2-113A
HOFFMAN ESTATES IL 60179

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 10083033 Renew? _____Yes_____No
Status: Active Status Date: 8/3/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JEFFERY ALAN BICK _____
Location: BIG KMART #3375 _____
2250 S HWY 95 STE 256 _____
BULLHEAD CITY, AZ 86442 _____
Business Phone: (520)763-7878 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 10083034 Renew? _____Yes_____No
Status: Active Status Date: 8/3/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JEFFERY ALAN BICK _____
Location: BIG KMART #3707 _____
1870 MCCULLOCH BLVD _____
LAKE HAVASU CITY, AZ 86403 _____
Business Phone: (928)453-5919 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 10083035 Renew? _____Yes_____No
Status: Active Status Date: 8/3/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JEFFERY ALAN BICK _____
Location: BIG KMART #9528 _____
3340 E ANDY DEVINE AVE _____
KINGMAN, AZ 86401 _____
Business Phone: (520)757-3202 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____

Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____

(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____

Month Year

My commission expires on: _____

_____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160360

MICHAEL EDWARD COLLINS
MIKE'S ROUTE 66 OUTPOST AND SALOON LLC
MIKE'S ROUTE 66 OUTPOST AND SALOON
PO BOX 842
KINGMAN AZ 86402

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07080035         Renew? ______Yes_____No
Status:   Active           Status Date:     6/10/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL EDWARD COLLINS        ___________________
Location: MIKE'S ROUTE 66 OUTPOST AND SALOON___________________
          9321 E HWY 66 A               ___________________
          KINGMAN, AZ 86401             ___________________
Business Phone:     (928)692-2166       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160361

JERRY DEAN SHACKELFORD, JR.
BREW SHACK GROUP
BREW SHACK
2140 SMOKETREE AVE NORTH
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 12083544 Renew? _____Yes_____No
Status: Active Status Date: 1/13/2016
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JERRY DEAN SHACKELFORD, JR. _____
Location: BREW SHACK _____
2018 MCCULLOCH BLVD NORTH STE #F _____
LAKE HAVASU CITY, AZ 86403 _____
Business Phone: (928)855-6768 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160362

TRACY DALE THORNTON
SPOT
3612 S JAMAICA BLVD
LAKE HAVASU CITY AZ 86406

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07080005         Renew? ______Yes_____No
Status:   Active           Status Date:     4/21/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: SPOT                          _________________
          3612 S JAMAICA BLVD           _________________
          LAKE HAVASU CITY, AZ 86406    _________________
Business Phone:     (928)505-7768       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160363

MARTHA JO LEA GIST
DIAMOND W BAR OF GIST LLC
DIAMOND W BAR
PO BOX 12
WIKIEUP AZ 85360

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06080027         Renew? ______Yes_____No
Status:   Active           Status Date:     8/10/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARTHA JO LEA GIST            _________________
Location: DIAMOND W BAR                 _________________
          HWY 93                        _________________
          WIKIEUP, AZ 85360             _________________
Business Phone:     (928)765-2369       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160364

OCTAVIO J TERRAZAS
REX INVESTMENT CO LTD
AMERICAS BEST VALUE INN CHILTON CONFERENCE CENTER
300 E 32ND ST
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  11140003         Renew? ______Yes_____No
Status:   Active           Status Date:     8/10/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    OCTAVIO J TERRAZAS            _________________
Location: AMERICAS BEST VALUE INN CHILTON CONFERENCE CENTER_________________
          300 E 32ND ST                 _________________
          YUMA, AZ 85364                _________________
Business Phone:     (928)344-1050       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            555.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160365

MOHAMED TAHA MAHMOUD
CEDAR LANDMARK INC
RIVER CITY CHEVRON
1626 HWY 95
BULLHEAD CITY AZ 86442

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083293         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MOHAMED TAHA MAHMOUD          ___________________
Location: RIVER CITY CHEVRON            ___________________
          1626 HWY 95                   ___________________
          BULLHEAD CITY, AZ 86442       ___________________
Business Phone:     (928)763-1217       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160366

IRMA ALICIA GARCIA VISCARRA
LOS MANJARES DE PEPE II
3505 W 3 PL
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 06140017 Renew? _____Yes_____No
Status: Active Status Date: 7/22/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: _____
Location: LOS MANJARES DE PEPE II _____
11274 FORTUNA RD #I-1 _____
YUMA, AZ 85367 _____
Business Phone: (928)305-9877 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 12143076 Renew? _____Yes_____No
Status: Active Status Date: 8/10/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: _____
Location: LOS MANJARES DE PEPE _____
2187 W 8TH ST _____
YUMA, AZ 85364 _____
Business Phone: _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160367

FREDERICK MARSHALL STILT, SR.
V F W #9833
V F W #9833
P O BOX 487
DOLAN SPRINGS AZ 86441

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14080016         Renew? ______Yes_____No
Status:   Active           Status Date:     8/1/2002
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    FREDERICK MARSHALL STILT, SR. ___________________
Location: V F W #9833                   ___________________
          15943 N PIERCE FERRY RD       ___________________
          DOLAN SPRINGS, AZ 86441       ___________________
Business Phone:     (928)767-3224       __________

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

RG160368

ROGER DALE HUTCHINS
V F W #10386
JAMES L STANFIELD V F W #10386
3036 JOHN L AVE
KINGMAN AZ 86401

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14080017         Renew? ______Yes_____No
Status:   Active           Status Date:     7/31/1997
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROGER DALE HUTCHINS           ___________________
Location: JAMES L STANFIELD V F W #10386___________________
          3036 E JOHN L AVE             ___________________
          KINGMAN, AZ 86401             ___________________
Business Phone:     (928)757-9191       __________

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

RG160369

AMANDA AGUIRRE
SOMERTON MAIN STREET CAFE INC
SOMERTON MAIN STREET CAFE
P O BOX 617
SOMERTON AZ 85350

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143194         Renew? ______Yes_____No
Status:   Active           Status Date:     1/27/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    AMANDA  AGUIRRE               ___________________
Location: SOMERTON MAIN STREET CAFE     ___________________
          214 MAIN STREET               ___________________
          SOMERTON, AZ 85350            ___________________
Business Phone:     (928)627-4744       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160370

DONALD DEWAYNE BRADLEY
MOTOR & BOAT FOOD & FUEL LLC
MOTOR & BOAT FOOD & FUEL
2890 JAMAICA BLVD S
LAKE HAVASU CITY AZ 86406

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083271         Renew? ______Yes_____No
Status:   Active           Status Date:     6/6/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DONALD DEWAYNE BRADLEY        ___________________
Location: MOTOR & BOAT FOOD & FUEL      ___________________
          2890 JAMAICA BLVD S           ___________________
          LAKE HAVASU CITY, AZ 86406    ___________________
Business Phone:     (928)453-3900       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160371

SET CHOW HOM
HOM'S MARKET
201 ORANGE AVE
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10140033         Renew? ______Yes_____No
Status:   Active           Status Date:     8/7/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: HOM'S MARKET                  ___________________
          201 ORANGE AVE                ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)783-9792       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160372

PAUL ADOLPH ALLEN, SR.
AZUL AGAVE LLC
AZUL AGAVE
1561 S PALO VERDE BLVD
LAKE HAVASU CITY AZ 86404

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083536         Renew? ______Yes_____No
Status:   Active           Status Date:     11/24/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PAUL ADOLPH ALLEN, SR.        ___________________
Location: AZUL AGAVE                    ___________________
          1561 S PALO VERDE BLVD        ___________________
          LAKE HAVASU CITY, AZ 86404    ___________________
Business Phone:     (928)733-6440       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160373

ANDREA DAHLMAN LEWKOWITZ
PILOT TRAVEL CENTERS LLC
PILOT TRAVEL CENTER #211
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 10083108 Renew? _____Yes_____No
Status: Active Status Date: 6/25/2002
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: PILOT TRAVEL CENTER #211 _____
14750 S HWY 95 _____
LAKE HAVASU CITY, AZ 86404 _____
Business Phone: (928)764-2410 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 10083253 Renew? _____Yes_____No
Status: Active Status Date: 3/3/2011
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: FLYING J TRAVEL PLAZA #610 _____
3300 E ANDY DEVINE STE 1 _____
KINGMAN, AZ 86401 _____
Business Phone: (928)757-7300 _____

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# 10153046 Renew? _____Yes_____No
Status: Active Status Date: 2/4/2011
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: FLYING J TRAVEL PLAZA #608 _____
1-10 EXITE 1 S FRONTAGE RD _____
EHRENBERG, AZ 85334 _____
Business Phone: (928)923-9600 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____

Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____

(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____

Month Year

My commission expires on: _____

_____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160374

NATHAN K HEIDA
NATHANHEIDA LLC
ALEMENT
265 S MAIN ST STE A
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06143000         Renew? ______Yes_____No
Status:   Active           Status Date:     3/17/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NATHAN K HEIDA                _________________
Location: ALEMENT                       _________________
          179 E  1   ST                _________________
          YUMA, AZ 85364                _________________
Business Phone:     (928)782-6200       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00

-------------------------------------------------------------------------------
License#  06144002         Renew? ______Yes_____No
Status:   Active           Status Date:     12/17/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NATHAN K HEIDA                _________________
Location: PRISON HILL BREWING           _________________
          278 S MAIN ST                 _________________
          YUMA, AZ 85364                _________________
Business Phone:     (928)782-0499       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160375

JIMMIE KAY LEWIS
BOTTOMS UP PUB
11411 S FORTUNA RD SUITE 111
YUMA AZ 85367

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06140043         Renew? ______Yes_____No
Status:   Active           Status Date:     8/5/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: BOTTOMS UP PUB                ___________________
          11411 S FORTUNA RD #115       ___________________
          YUMA, AZ 85365                ___________________
Business Phone:     (928)342-5270       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160376

CHERYL LYNN WRIGHT
MC WRIGHT ENTERPRISES LLC
FRIENDLY TAVERN
2116 E SAN MARCOS DR
YUMA AZ 85365

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06140038         Renew? ______Yes_____No
Status:   Active           Status Date:     11/14/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHERYL LYNN WRIGHT            _________________
Location: FRIENDLY TAVERN               _________________
          1949 S ARIZONA AVE            _________________
          YUMA, AZ 85364                _________________
Business Phone:     (928)329-9552       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160377

SHAWN PATRICK LAWLESS
OUTLAW INDUSTRIES LLC
OUTLAW BREWERY & TASTING ROOM
2605 AVALON PL
LAKE HAVASU CITY AZ 86404

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083542         Renew? ______Yes_____No
Status:   Active           Status Date:     1/27/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SHAWN PATRICK LAWLESS         ___________________
Location: OUTLAW BREWERY & TASTING ROOM ___________________
          1600 W ACOMA BLVD UNIT 47     ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)855-2337       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160378

RANDALL ANTHONY LEONARD
GALLAGHER #6 LLC
GALLAGHER'S DINING & PUB
P O BOX 3682
LAKE HAVASU CITY AZ 86405

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06080034         Renew? ______Yes_____No
Status:   Active           Status Date:     10/14/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDALL ANTHONY LEONARD       ___________________
Location: GALLAGHER'S DINING & PUB      ___________________
          3524 MCCULLOCH BLVD           ___________________
          LAKE HAVASU CITY, AZ 86406    ___________________
Business Phone:     (928)855-8686       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160379

NICHOLAS CARL GUTTILLA
SAFEWAY INC
SAFEWAY #1887
5415 E HIGH ST #200
C/O GUTTILLA MURPHY ANDERSON
PHOENIX AZ 85054

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 09080016 Renew? _____Yes_____No
Status: Active Status Date: 10/31/2001
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: SAFEWAY #1887 _____
3970 STOCKTON HILL RD _____
KINGMAN, AZ 86409 _____
Business Phone: (928)681-4900 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09080025 Renew? _____Yes_____No
Status: Active Status Date: 2/5/1987
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: SAFEWAY #216 _____
1650 MCCULLOCH BLVD _____
LAKE HAVASU CITY, AZ 86403 _____
Business Phone: (928)855-7760 _____

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# 09080026 Renew? _____Yes_____No
Status: Active Status Date: 2/5/1987
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: SAFEWAY #2017 _____
3125 STOCKTON HILL RD _____
KINGMAN, AZ 86401 _____
Business Phone: (928)753-2943 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09080027 Renew? _____Yes_____No
Status: Active Status Date: 10/10/1996
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: SAFEWAY #1474 _____
4823 S HWY 95 _____
FORT MOHAVE, AZ 86426 _____
Business Phone: (928)704-4433 _____

Renewal Fees:
License Renewal: 50.00

```
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00

-------------------------------------------------------------------------------
License#  09080031         Renew? ______Yes_____No
Status:   Active           Status Date:     12/6/1995
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NICHOLAS CARL GUTTILLA        _________________
Location: SAFEWAY #248                  _________________
          1751 HIGHWAY 95 #167          _________________
          BULLHEAD CITY, AZ 86442       _________________
Business Phone:     (928)763-3555       __________

Renewal Fees:
     License Renewal:                   50.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00

-------------------------------------------------------------------------------
License#  09150006         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 #2075                 _________________
          121 W RIVERSIDE DR            _________________
          PARKER, AZ 85344              _________________
Business Phone:     (928)669-2243       __________

Renewal Fees:
     License Renewal:                   50.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

RG160380

JAMES ELLIOTT BUSHNELL
FRED NACKARD WHOLESALE BEVERAGE CO INC
FRED NACKARD WHOLESALE BEVERAGE CO
4880 E RAILHEAD AVE
FLAGSTAFF AZ 86004

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  04080004         Renew? ______Yes_____No
Status:   Active           Status Date:     6/28/1989
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES ELLIOTT BUSHNELL        ___________________
Location: FRED NACKARD WHOLESALE BEVERAGE CO___________________
          1701 N SHORT ST               ___________________
          KINGMAN, AZ 86401             ___________________
Business Phone:     (928)753-5537       __________

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

RG160381

SHAN LEE LEWIS
FORT MOJAVE TRIBAL COUNCIL
FORT MOJAVE SMOKE SHOP
P O BOX 6359
MOHAVE VALLEY AZ 86440

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10081045         Renew? ______Yes_____No
Status:   Active           Status Date:     8/8/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SHAN LEE LEWIS                _________________
Location: FORT MOJAVE SMOKE SHOP        _________________
          8501 HWY 95                   _________________
          MOJAVE VALLEY, AZ 86440       _________________
Business Phone:     (520)346-2100       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160382

MATTHEW ISRAEL BARLOW
YELLOWSTONE RIDGE LLC
YELLOWSTONE RIDGE
HC 65 BOX 534
CANE BEDS AZ 86022

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083229         Renew? ______Yes_____No
Status:   Active           Status Date:     6/10/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MATTHEW ISRAEL BARLOW         ___________________
Location: YELLOWSTONE RIDGE             ___________________
          3350 S HWY 389                ___________________
          CANE BEDS, AZ 86022           ___________________
Business Phone:     (928)875-8433       __________

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

RG160383

DANIEL CRAIG SHAY
SHAY OIL COMPANY INC
SHAY'S SELF SERVE #2
51 E 10TH ST
YUMA AZ 85366

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 10140046 Renew? _____Yes_____No
Status: Active Status Date: 8/7/1995
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: DANIEL CRAIG SHAY _____
Location: SHAY'S SELF SERVE #2 _____
500 E 32ND ST _____
YUMA, AZ 85364 _____
Business Phone: (928)726-5040 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10140049 Renew? _____Yes_____No
Status: Active Status Date: 1/1/1986
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: DANIEL CRAIG SHAY _____
Location: SHAY'S SELF SERVE #4 _____
2491 W 16TH ST _____
YUMA, AZ 85364 _____
Business Phone: (928)783-1691 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10140050 Renew? _____Yes_____No
Status: Active Status Date: 6/28/2004
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: DANIEL CRAIG SHAY _____
Location: SHAY'S SELF SERVE #6 _____
AVE 40 E & HWY 80 _____
TACNA, AZ 85352 _____
Business Phone: (928)785-4420 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10140051 Renew? _____Yes_____No
Status: Active Status Date: 1/1/1986
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: DANIEL CRAIG SHAY _____
Location: SHAY'S SELF SERVE #8 _____
4120 W 8TH ST _____
YUMA, AZ 85364 _____
Business Phone: (928)343-4009 _____

Renewal Fees:
License Renewal: 50.00

ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10140053 Renew? _____Yes_____No
Status: Active Status Date: 1/1/1986
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: DANIEL CRAIG SHAY _____
Location: SHAY'S SELF SERVE #10 _____
10747 FORTUNA RD _____
YUMA, AZ 85364 _____
Business Phone: (928)342-1308 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10140062 Renew? _____Yes_____No
Status: Active Status Date: 1/1/1986
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: DANIEL CRAIG SHAY _____
Location: SHAY'S SELF SERVE #11 _____
1825 S 4TH AVE _____
YUMA, AZ 85364 _____
Business Phone: (928)782-7245 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10140084 Renew? _____Yes_____No
Status: Active Status Date: 1/1/1986
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: DANIEL CRAIG SHAY _____
Location: SHAY'S SELF SERVE #5 _____
2002 S 4TH AVE _____
YUMA, AZ 85364 _____
Business Phone: (520)782-2281 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10141003 Renew? _____Yes_____No
Status: Active Status Date: 10/2/1987
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: DANIEL CRAIG SHAY _____
Location: SHAY'S SELF SERVE #7 _____
110 MAIN ST _____
SOMERTON, AZ 85350 _____
Business Phone: (928)627-9544 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00

Total: 120.00

License# 10141014 Renew? _____Yes_____No
Status: Active Status Date: 9/8/1988
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: DANIEL CRAIG SHAY _____
Location: SHAYS SELF SERVE # 15 _____
721 N MAIN ST _____
SAN LUIS, AZ 85349 _____
Business Phone: (928)627-2343 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10141018 Renew? _____Yes_____No
Status: Active Status Date: 6/22/1989
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: DANIEL CRAIG SHAY _____
Location: SHAY'S SELF SERVE #17 _____
3919 AVE 3 E _____
YUMA, AZ 85364 _____
Business Phone: (928)341-0911 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10141027 Renew? _____Yes_____No
Status: Active Status Date: 5/29/1992
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: DANIEL CRAIG SHAY _____
Location: SHAY'S SELF SERVE #18 _____
6868 E HWY 95 _____
YUMA, AZ 85364 _____
Business Phone: (928)344-4550 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10143006 Renew? _____Yes_____No
Status: Active Status Date: 9/19/1996
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: DANIEL CRAIG SHAY _____
Location: SHAY'S SELF SERVE #19 _____
2459 W 32ND ST _____
YUMA, AZ 85364 _____
Business Phone: (928)726-0556 _____

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# 10143031 Renew? _____Yes_____No
Status: Active Status Date: 10/29/1998
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: DANIEL CRAIG SHAY _____
Location: SHAY'S SELF SERVE #20 _____
100 S 4TH AVE _____
YUMA, AZ 85364 _____
Business Phone: (928)783-5785 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10143038 Renew? _____Yes_____No
Status: Active Status Date: 4/28/1999
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: DANIEL CRAIG SHAY _____
Location: SHAY'S SELF SERVE #14 _____
592 E 16TH ST _____
YUMA, AZ 85364 _____
Business Phone: (928)783-8555 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10143085 Renew? _____Yes_____No
Status: Active Status Date: 6/4/2004
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: DANIEL CRAIG SHAY _____
Location: SHAY'S SELF SERVE #21 _____
2092 EAST 24TH STREET _____
YUMA, AZ 85364 _____
Business Phone: (928)344-6044 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10143090 Renew? _____Yes_____No
Status: Active Status Date: 12/8/2004
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: DANIEL CRAIG SHAY _____
Location: SHAY'S SELF SERVE #9 _____
2003 W 8TH ST _____
YUMA, AZ 85364 _____
Business Phone: (928)783-6323 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10143122 Renew? _____Yes_____No

```
Status:   Active           Status Date:     3/31/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DANIEL CRAIG SHAY             _________________
Location: SHAY SELF SERVE #22           _________________
          6440 E 32ND ST                _________________
          YUMA, AZ 85365                _________________
Business Phone:     (928)344-6195       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  10153051         Renew? ______Yes_____No
Status:   Active           Status Date:     3/8/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LAUREN KAY MERRETT            _________________
Location: SHAY OIL                      _________________
          41 N RIGGLES RD               _________________
          QUARTZSITE, AZ 85346          _________________
Business Phone:     (928)782-1828       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160384

JARED MICHAEL REPINSKI
JAY SHREE KRISN INC
WINGATE BY WYNDHAM
P O BOX 6252
CHANDLER AZ 85246

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07140062         Renew? ______Yes_____No
Status:   Active           Status Date:     9/11/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JARED MICHAEL REPINSKI        ___________________
Location: WINGATE BY WYNDHAM            ___________________
          1760 S SUNRIDGE DR            ___________________
          YUMA, AZ 85365                ___________________
Business Phone:     (928)783-1400       __________

Renewal Fees:
     License Renewal:                   75.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160385

GEORGE L GUERRERO
COMITE S MART LLC
COMITE S MART
P O BOX 7170
SAN LUIS AZ 85349

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10143159         Renew? ______Yes_____No
Status:   Active           Status Date:     4/4/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GEORGE L GUERRERO             _________________
Location: COMITE S MART                 _________________
          706 N MAIN ST                 _________________
          SAN LUIS, AZ 85349            _________________
Business Phone:     (928)627-5484       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160386

BRANDON JAMES LOOS
R C RESTAURANTS LLC
CALICO'S RESTAURANT
418 W BEALE ST
KINGMAN AZ 86401

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083046         Renew? ______Yes_____No
Status:   Active           Status Date:     8/3/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BRANDON JAMES LOOS            ___________________
Location: CALICO'S RESTAURANT           ___________________
          418 W BEALE ST                ___________________
          KINGMAN, AZ 86401             ___________________
Business Phone:     (520)753-5005       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160387

JUAN D FLORES HERNANDEZ
COCOPAH INDIAN TRIBE
WILD RIVER FAMILY ENTERTAINMENT CENTER
14515 S VETERANS DR
SOMERTON AZ 85350

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 06140052 Renew? _____Yes_____No
Status: Active Status Date: 10/16/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JUAN D FLORES HERNANDEZ _____
Location: WILD RIVER FAMILY ENTERTAINMENT CENTER_____
15136 S AVE B _____
SOMERTON, AZ 85350 _____
Business Phone: (928)627-0980 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 06140053 Renew? _____Yes_____No
Status: Active Status Date: 8/1/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: SHEILA RENEE HOWE _____
Location: COCOPAH CASINO _____
15318 S AVE B _____
SOMERTON, AZ 85350 _____
Business Phone: (928)726-8066 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 07140046 Renew? _____Yes_____No
Status: Active Status Date: 8/1/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JOHN GEORGE BOTT _____
Location: COCOPAH BEND RV & GOLF RESORT & CANTINA_____
6800 STRAND AVE _____
YUMA, AZ 85364 _____
Business Phone: (928)343-9300 _____

Renewal Fees:

License Renewal:	75.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	175.00

License# 07140048 Renew? _____Yes_____No
Status: Active Status Date: 11/7/2008
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: TIMOTHY CHARLES HOLYK _____
Location: COCOPAH RIO COLORADO GOLF COURSE_____
220 N MARSHALL LOOP RD _____
SOMERTON, AZ 85350 _____
Business Phone: (928)627-0057 _____

```
Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00

-------------------------------------------------------------------------------
License#  10143070         Renew? ______Yes_____No
Status:   Active           Status Date:     8/1/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID ARNOLD HUBENTHAL        ___________________
Location: COCOPAH KORNER                ___________________
          15126 S AVE B                 ___________________
          SOMERTON, AZ 85350            ___________________
Business Phone:     (928)341-1444       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160388

HOWARD EVERETT MAGEE
CARIOCA COMPANY
SHELL #11
2601 W DUNLAP AVE #10
PHOENIX AZ 85021

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083172         Renew? ______Yes_____No
Status:   Active           Status Date:     9/28/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HOWARD EVERETT MAGEE          _________________
Location: SHELL #11                     _________________
          18183 S HWY 93                _________________
          WIKIEUP, AZ 85360-9600        _________________
Business Phone:     (928)765-2255       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160389

HUAMEI CHEN
ASIAN STAR LLC
ASIAN STAR
276 W 32ND ST STE #1
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143178         Renew? ______Yes_____No
Status:   Active           Status Date:     10/18/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HUAMEI  CHEN                  _________________
Location: ASIAN STAR                    _________________
          276 W 32ND ST #1              _________________
          YUMA, AZ 85364                _________________
Business Phone:     (928)317-9888       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160390

LAUREN KAY MERRETT
AARTI ENTERPRISES LLC
COMMANDER CENTER
1970 COMMANDER DR
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083264         Renew? ______Yes_____No
Status:   Active           Status Date:     10/1/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LAUREN KAY MERRETT            ___________________
Location: COMMANDER CENTER              ___________________
          1970 COMMANDER DR             ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)680-7835       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160391

DAN LYNN REED
GAS N GRUB VI LLC
GAS N GRUB VI
110 E MEADVIEW BLVD
MEADVIEW AZ 86444

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083286         Renew? ______Yes_____No
Status:   Active           Status Date:     4/21/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAN LYNN REED                 ___________________
Location: GAS N GRUB VI                 ___________________
          110 E MEADVIEW BLVD           ___________________
          MEADVIEW, AZ 86444            ___________________
Business Phone:     (928)564-2131       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160392

MICHAEL ALEXANDER CAMPBELL
YWANG LLC
RUYI EXPRESS
1450 W GUADALUPE RD STE 109
GILBERT AZ 85233

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083534         Renew? ______Yes_____No
Status:   Active           Status Date:     10/1/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL ALEXANDER CAMPBELL    __________________
Location: RUYI EXPRESS                  __________________
          960 W BEALE ST                __________________
          KINGMAN, AZ 86401             __________________
Business Phone:     (928)529-5000       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160393

JERALD DOUGLAS FUNK
FOE #4299
FOE #4299
1561 MARLBORO AVE
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14081006         Renew? ______Yes_____No
Status:   Active           Status Date:     8/1/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JERALD DOUGLAS FUNK           ___________________
Location: FOE #4299                     ___________________
          1561 MARLBORO AVE             ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)855-1234       __________

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

RG160394

JAMES ALBERT BLAIR
AMERICAN LEGION #88
AMERICAN LEGION #88
PO BOX 1514
DOLAN SPRINGS AZ 86441

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14081007         Renew? ______Yes_____No
Status:   Active           Status Date:     8/11/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES ALBERT BLAIR            ___________________
Location: AMERICAN LEGION #88           ___________________
          15940 N PIERCE FERRY RD       ___________________
          DOLAN SPRINGS, AZ 86441       ___________________
Business Phone:     (928)767-3088       __________

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

RG160395

BRADLEY LYNN HANCOCK
REPUBLIC AIRLINE INC
LAUGHLIN/BULLHEAD INT'L AIRPORT
8909 PURDUE RD SUITE 300
INDIANAPOLIS IN 46268

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  08083008         Renew? ______Yes_____No
Status:   Active           Status Date:     5/2/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BRADLEY LYNN HANCOCK          ___________________
Location: LAUGHLIN/BULLHEAD INT'L AIRPORT___________________
          2250 LAUGHLIN VIEW DR STE 162 B-2   ___________________
          BULLHEAD CITY, AZ 86429       ___________________
Business Phone:     (317)710-7239       __________

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

RG160396

RAUL OMAR CASTRO
EL SARAPE CO
SARAPE MEX GRILL
P O BOX 203
PARKER AZ 85344

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12153088         Renew? ______Yes_____No
Status:   Active           Status Date:     10/9/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RAUL OMAR CASTRO              _________________
Location: SARAPE MEX GRILL              _________________
          213 RIVERSIDE DR              _________________
          PARKER, AZ 85344              _________________
Business Phone:     (928)669-0110       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160397

MARY ELLEN MC BROOM
CHARLIE'S CHUCK HOUSE CAFE & BAR
P O BOX 14
EHRENBERG AZ 85334

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07150012         Renew? ______Yes_____No
Status:   Active           Status Date:     8/3/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: CHARLIE'S CHUCK HOUSE CAFE & BAR___________________
          PARKER POSTON RD              ___________________
          EHRENBERG, AZ 85334           ___________________
Business Phone:     (928)916-3294       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160398

JARED MICHAEL REPINSKI
BUCKAROOS LLC
COUNTRY STORE
P O BOX 6252
CHANDLER AZ 85246

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10153056         Renew? ______Yes_____No
Status:   Active           Status Date:     9/26/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JARED MICHAEL REPINSKI        ___________________
Location: COUNTRY STORE                 ___________________
          46125 E HWY 60                ___________________
          BRENDA, AZ 85348              ___________________
Business Phone:     (928)927-3777       __________

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
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160399

RIVAN SAAD NONA
VAL'S DRIVE THRU LIQUOR LLC
VAL'S DRIVE THRU LIQUOR
2500 W 8TH ST
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09140025         Renew? ______Yes_____No
Status:   Active           Status Date:     1/27/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RIVAN SAAD NONA               ___________________
Location: VAL'S DRIVE THRU LIQUOR       ___________________
          2500 W 8TH ST                 ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)261-8641       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160400

DONDI LYNN DOYLE GODINEZ
KING OF MOHAVE LLC
MOHAVE STEAKHOUSE
2025 LAGO GRANDE COVE
FORT MOHAVE AZ 86426

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083463         Renew? ______Yes_____No
Status:   Active           Status Date:     7/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DONDI LYNN DOYLE GODINEZ      ___________________
Location: MOHAVE STEAKHOUSE             ___________________
          2430 HWY 95 #4                ___________________
          BULLHEAD CITY, AZ 86442       ___________________
Business Phone:     (928)704-6878       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160401

GERALD BERNARD CZARNOWSKI
HAVASU COLUMBIAN FRATERNAL ORGANIZATION
KNIGHTS OF COLUMBUS
345 BUCCANEER LN
LAKE HAVASU CITY AZ 86406

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14083011         Renew? ______Yes_____No
Status:   Active           Status Date:     8/11/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GERALD BERNARD CZARNOWSKI     ___________________
Location: KNIGHTS OF COLUMBUS           ___________________
          186 LONDON BRIDGE RD          ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)855-7994       __________

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

RG160402

LAUREN KAY MERRETT
QUECHAN INDIAN TRIBE
QUECHAN PARADISE CASINO
P O BOX 2737
YUMA AZ 85366

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06140048         Renew? ______Yes_____No
Status:   Active           Status Date:     8/1/2002
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LAUREN KAY MERRETT            ___________________
Location: QUECHAN PARADISE CASINO       ___________________
          450 QUECHAN DR                ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (619)572-7777       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160403

CORY ALAN PRESTON CROUSE
CROUSEWAY ENTERPRISES LLC
CROUSE'S FLAT TOP GRILL
2855 S 4TH AVE STE 101
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143215         Renew? ______Yes_____No
Status:   Active           Status Date:     12/31/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CORY ALAN PRESTON CROUSE      ___________________
Location: CROUSE'S FLAT TOP GRILL       ___________________
          2855 S 4TH AVE STE 101        ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)276-9811       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160404

JAMES EDWARD SHAFFER
PACIFIC FOOD & BEVERAGE LLC
21ST STREET BAR & GRILL
P O BOX 4339
YUMA AZ 85366

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06140006         Renew? ______Yes_____No
Status:   Inactive         Status Date:     4/3/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES EDWARD SHAFFER          ___________________
Location: 21ST STREET BAR & GRILL       ___________________
          812 E 21ST ST                 ___________________
          YUMA, AZ 85365                ___________________
Business Phone:                         __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160405

DOUGLAS FRANK KOCH
QK INC
DENNY'S #7971
101 E HOPI DR
HOLBROOK AZ 86025

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07080026         Renew? ______Yes_____No
Status:   Active           Status Date:     6/25/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DOUGLAS FRANK KOCH            _________________
Location: DENNY'S #7971                 _________________
          3255 ANDY DEVINE              _________________
          KINGMAN, AZ 86401             _________________
Business Phone:     (928)757-2028       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160406

OCTOBER RENEE LARSEN
D'ANGELO'S
2141 CLEARWATER DR
RIVIERA AZ 86442

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083403         Renew? ______Yes_____No
Status:   Active           Status Date:     8/3/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: D'ANGELO'S                    _________________
          2141 CLEARWATER DR            _________________
          RIVIERA, AZ 86442             _________________
Business Phone:     (928)758-0085       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160407

RANDY D NATIONS
J & S OPERATING CORPORATION
ROADRUNNER BAR & GRILL
PO BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06150013         Renew? ______Yes_____No
Status:   Active           Status Date:     8/27/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: ROADRUNNER BAR & GRILL        ___________________
          7000 RIVERSIDE DRIVE          ___________________
          PARKER, AZ 85344              ___________________
Business Phone:     (928)667-4252       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160408

DAVID WESLEY THOMPSON
CASTLE ROCK BAR & GRILL LLC
CASTLE ROCK BAR & GRILL
1000 GREENVALLEY PKWY STE 440-416
HENDERSON NV 89074

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083416         Renew? ______Yes_____No
Status:   Active           Status Date:     8/10/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID WESLEY THOMPSON         _________________
Location: CASTLE ROCK BAR & GRILL       _________________
          3743 US HWY 93                _________________
          GOLDEN VALLEY, AZ 86413       _________________
Business Phone:     (928)565-3303       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00

-------------------------------------------------------------------------------
License#  12083551         Renew? ______Yes_____No
Status:   Active           Status Date:     5/26/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PIETRO  CIMINO                _________________
Location: CANYON CAFE                   _________________
          16064 N PIERCE FERRY RD       _________________
          DOLAN SPRINGS, AZ 86441       _________________
Business Phone:     (928)767-3838       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners,

partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160409

MARY FRANCES KAFFER
CK & MK LLC
SAGE & SAND COCKTAIL LOUNGE
P O BOX 6944
YUMA AZ 85366

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06140023         Renew? ______Yes_____No
Status:   Active           Status Date:     12/11/1997
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARY FRANCES KAFFER           ___________________
Location: SAGE & SAND COCKTAIL LOUNGE   ___________________
          2500 S 4TH AVE                ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)344-2625       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160410

LUAN-CHUANG PENG
A B C BUFFET CORPORATION
A B C BUFFET
6201 N 35TH AVE
PHOENIX AZ 85017

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083517         Renew? ______Yes_____No
Status:   Active           Status Date:     4/16/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LUAN-CHUANG  PENG             _________________
Location: A B C BUFFET                  _________________
          2890 E ANDY DEVINE AVE        _________________
          KINGMAN, AZ 86401             _________________
Business Phone:     (928)753-6363       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160411

MARY GILL GARZA
NORTH GILA CAFE
7112 LAGUNA DAM RD
YUMA AZ 85365

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07140022         Renew? ______Yes_____No
Status:   Active           Status Date:     5/11/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: NORTH GILA CAFE               _________________
          7112 LAGUNA DAM RD            _________________
          YUMA, AZ 85365                _________________
Business Phone:     (928)762-4468       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160412

LAWRENCE EDWARD ELLIGET
FIESTA MEXICANA RESTAURANT NO 14 INC
FIESTA MEXICANA NO. 14
12365 MARMONT PL
MORENO VALLEY CA 92557

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083545         Renew? ______Yes_____No
Status:   Active           Status Date:     2/2/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LAWRENCE EDWARD ELLIGET       ___________________
Location: FIESTA MEXICANA NO. 14        ___________________
          1621 MCCULLOCH BLVD           ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)453-4244       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160413

CRAIG ALLEN BOUCHARD
CATTLE CROSSING SALOON
2839 SIDEWHEEL DR
BULLHEAD CITY AZ 86429

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06080042         Renew? ______Yes_____No
Status:   Active           Status Date:     2/25/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: CATTLE CROSSING SALOON        _________________
          4105 HWY 68                   _________________
          KINGMAN, AZ 86401             _________________
Business Phone:     (928)565-3277       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160414

VINCENT HIKMAT SALMU
DOLAN STATION
PO BOX 578
DOLAN SPRINGS AZ 86441

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083207         Renew? ______Yes_____No
Status:   Active           Status Date:     6/3/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: DOLAN STATION                 ___________________
          15916 PIERCE FERRY RD         ___________________
          DOLAN SPRINGS, AZ 86441       ___________________
Business Phone:     (928)767-4555       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160415

CHARLES JOHN ROMER
ROMER BEVERAGE COMPANY
ROMER BEVERAGE COMPANY
2908 E ANDY DEVINE AVE
KINGMAN AZ 86401

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  04080005         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHARLES JOHN ROMER            _________________
Location: ROMER BEVERAGE COMPANY        _________________
          2908 E ANDY DEVINE            _________________
          KINGMAN, AZ 86401             _________________
Business Phone:     (928)753-2704       __________

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

-------------------------------------------------------------------------------
License#  04083006         Renew? ______Yes_____No
Status:   Active           Status Date:     12/27/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHARLES JOHN ROMER            _________________
Location: ROMER BEVERAGE COMPANY        _________________
          5040 WHELAN DR                _________________
          LAKE HAVASU CITY, AZ 86404    _________________
Business Phone:     (928)753-2704       __________

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_____ 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

RG160416

MIKE JOHN CONDON
AMVETS POST #2 AMERICAN CLUB
AMVETS POST #2 AMERICAN CLUB
13802 E GATEWOOD LN
YUMA AZ 85367

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14143006         Renew? ______Yes_____No
Status:   Active           Status Date:     6/6/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MIKE JOHN CONDON              ___________________
Location: AMVETS POST #2 AMERICAN CLUB  ___________________
          8889 E SOUTH FRONTAGE RD      ___________________
          YUMA, AZ 85367                ___________________
Business Phone:     (928)300-2318       __________

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

RG160417

GURVINDER SINGH AUJLA
GURUDEV KING LLC
ARCO AM PM
3159 W BUCKEYE RD
PHOENIX AZ 85009

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083183         Renew? ______Yes_____No
Status:   Active           Status Date:     6/9/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GURVINDER SINGH AUJLA         ___________________
Location: ARCO AM PM                    ___________________
          3200  STOCKTON HILL RD       ___________________
          KINGMAN, AZ 86401             ___________________
Business Phone:     (928)692-6622       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160418

DOUGLAS WADE PULLIAM
HAVASU MINI MART LLC
LONDON BRIDGE LIQUORS
3345 PALM GROVE DR
LAKE HAVASU CITY AZ 86404

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09080029         Renew? ______Yes_____No
Status:   Active           Status Date:     4/5/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DOUGLAS WADE PULLIAM          ___________________
Location: LONDON BRIDGE LIQUORS         ___________________
          781 N LAKE HAVASU AVE         ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)855-5756       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160419

RANDY PAUL KUHN
JXB INC
O'LEARYS
1063 HWY 95
BULLHEAD CITY AZ 86429

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06080014         Renew? ______Yes_____No
Status:   Active           Status Date:     8/3/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY PAUL KUHN               ___________________
Location: O'LEARYS                      ___________________
          1063 HWY 95                   ___________________
          BULLHEAD CITY, AZ 86429       ___________________
Business Phone:     (928)754-4226       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160420

JOHN K MERELL
GOLDEN SHORES GENERAL STORE
P O BOX 337
TOPOCK AZ 86436

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10080042         Renew? ______Yes_____No
Status:   Active           Status Date:     8/7/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: GOLDEN SHORES GENERAL STORE   ___________________
          HWY 95 & 66                   ___________________
          TOPOCK, AZ 86436              ___________________
Business Phone:     (928)768-4899       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160421

PHILIP ELIAS YOUNIS
YUMA LAKES COUNTRY STORE
P O BOX 1088
PARKER AZ 85344

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10141016         Renew? ______Yes_____No
Status:   Active           Status Date:     10/16/2002
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: YUMA LAKES COUNTRY STORE      _________________
          6233 AVE 8 1/2 E              _________________
          YUMA, AZ 85365                _________________
Business Phone:     (520)726-5860       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160422

CHRISTOPHER LEE BANKS
NEON LOUNGE
3365 FOUNTAIN PALM DR
LAKE HAVASU CITY AZ 86404

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07080023         Renew? ______Yes_____No
Status:   Pending          Status Date:     3/30/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: NEON LOUNGE                   ___________________
          44 MULBERRY AVE               ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)412-7714       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160423

RANDY D NATIONS
DU LLC
POWERBALL CAFE/LAST STOP
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083390         Renew? ______Yes_____No
Status:   Active           Status Date:     5/26/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: POWERBALL CAFE/LAST STOP      ___________________
          20606 N US HWY 93 #A          ___________________
          WHITE HILLS, AZ 86445         ___________________
Business Phone:     (928)767-4911       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160424

COLIN APOLLO TUCKER
CEC ENTERTAINMENT INC
CHUCK E CHEESE'S #620
C/O GUTTILLA MURPHY ANDERSON
5415 E HIGH ST #200
PHOENIX AZ 85054

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143196         Renew? ______Yes_____No
Status:   Active           Status Date:     9/16/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    COLIN APOLLO TUCKER           ___________________
Location: CHUCK E CHEESE'S #620         ___________________
          1348 S YUMA PKWY              ___________________
          YUMA, AZ 85365                ___________________
Business Phone:     (928)343-1022       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160425

ANNA LOUISE MARTINEZ
GUTIERREZ FAMILY LLC
EL CHARRO CAFE
601 W 8TH ST
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143207         Renew? ______Yes_____No
Status:   Active           Status Date:     9/30/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANNA LOUISE MARTINEZ          _________________
Location: EL CHARRO CAFE                _________________
          601 W 8TH ST                  _________________
          YUMA, AZ 85364                _________________
Business Phone:     (928)783-9790       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160426

DONALD DEWAYNE BRADLEY
HAVA GAS LLC
HAVA GAS
2085 N PALO VERDE
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083295         Renew? ______Yes_____No
Status:   Active           Status Date:     10/7/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DONALD DEWAYNE BRADLEY        ___________________
Location: HAVA GAS                      ___________________
          2085 N PALO VERDE BLVD        ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)680-4655       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160427

CARLOS ALBERTO CELLA
CELLA WINERY LLC
CELLA WINERY
7252 E CONCHO DR
KINGMAN AZ 86401

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  13083001         Renew? ______Yes_____No
Status:   Active           Status Date:     8/3/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CARLOS ALBERTO CELLA          ___________________
Location: CELLA WINERY                  ___________________
          6927  E BROOKS RD            ___________________
          KINGMAN, AZ 86401             ___________________
Business Phone:     (928)692-9600       __________

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

RG160428

LELAND SAUL SCHAEFFER
AZ WHOLESALE WATER & ICE LLC
AZ WHOLESALE WATER & ICE
1633 INDUSTRIAL BLVD
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083185         Renew? ______Yes_____No
Status:   Active           Status Date:     8/1/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LELAND SAUL SCHAEFFER         ___________________
Location: AZ WHOLESALE WATER & ICE      ___________________
          1633 INDUSTRIAL BLVD          ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)855-7776       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160429

DAVID LEE AALBERS
HAVASU LANES INC
CERBAT HILLS BAR & GRILL
2128 MCCULLOCH BLVD
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06080005         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID LEE AALBERS             ___________________
Location: CERBAT HILLS BAR & GRILL      ___________________
          3631 STOCKTON HILL RD         ___________________
          KINGMAN, AZ 86401             ___________________
Business Phone:     (928)692-1818       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00

-------------------------------------------------------------------------------
License#  06080033         Renew? ______Yes_____No
Status:   Active           Status Date:     8/2/1999
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID LEE AALBERS             ___________________
Location: HAVASU LANES                  ___________________
          2128 MC CULLOCH BLVD          ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)855-2695       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160430

MERRITT L SASSAMAN
VFW #404
VFW #404
10287 BARRACKMAN RD
MOHAVE VALLEY AZ 86440

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14083005         Renew? ______Yes_____No
Status:   Active           Status Date:     8/15/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MERRITT L SASSAMAN            ___________________
Location: VFW #404                      ___________________
          10287 BARRACKMAN RD           ___________________
          MOHAVE VALLEY, AZ 86440       ___________________
Business Phone:     (928)788-3202       __________

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

RG160431

NICHOLAS CARL GUTTILLA
TARGET STORES INC
TARGET STORE #2368
P O BOX 9471 CC-1028
MINNEAPOLIS MN 55440-9471

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083230         Renew? ______Yes_____No
Status:   Active           Status Date:     5/26/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NICHOLAS CARL GUTTILLA        ___________________
Location: TARGET STORE #2368            ___________________
          3699 HWY 95 #100              ___________________
          BULLHEAD CITY, AZ 86422       ___________________
Business Phone:     (928)704-5064       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  10143103         Renew? ______Yes_____No
Status:   Active           Status Date:     5/8/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NICHOLAS CARL GUTTILLA        ___________________
Location: TARGET #2083                  ___________________
          1450 S YUMA PALMS PKWY        ___________________
          YUMA, AZ 85365                ___________________
Business Phone:     (928)343-7470       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

RG160432

SHARON ELIZABETH BRADLEY
RIVER ROSE RESTAURANTS INC
JUICY'S RIVER CAFE
2126 MCCULLUCH BLVD STE 10
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 12083505 Renew? _____Yes_____No
Status: Active Status Date: 5/12/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: SHARON ELIZABETH BRADLEY _____
Location: JUICY'S RIVER CAFE _____
42 SMOKEFREE AVE SOUTH _____
LAKE HAVASU CITY, AZ 86403 _____
Business Phone: (928)855-8429 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160433

ROBERT MICHAEL EHRING
ROBTORIA LLC
GRASSHOPPER JCT MINI MART
GRASS HOPPER JCT HC 37
GOLDEN VALLEY AZ 86413

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083123         Renew? ______Yes_____No
Status:   Active           Status Date:     9/30/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT MICHAEL EHRING         ___________________
Location: GRASSHOPPER JCT MINI MART     ___________________
          GRASS HOPPER JCT HC 37        ___________________
          GOLDEN VALLEY, AZ 86413       ___________________
Business Phone:     (928)565-2635       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160434

JAMES EDWARD BAKER
AIRWAY EXPRESS LLC
AIRWAY EXPRESS
3461 E ANDY DEVINE AVE
KINGMAN AZ 86409

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083242         Renew? ______Yes_____No
Status:   Active           Status Date:     1/19/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES EDWARD BAKER            _________________
Location: AIRWAY EXPRESS                _________________
          3461 E ANDY DEVINE AVE        _________________
          KINGMAN, AZ 86409             _________________
Business Phone:     (928)692-6666       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160435

WEISU WU
HG RED DRAGON, INC
RED DRAGON CHINESE CUISINE
4360 HIGHWAY 95
FORT MOHAVE AZ 86426

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083490         Renew? ______Yes_____No
Status:   Active           Status Date:     8/18/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WEISU  WU                     _________________
Location: RED DRAGON CHINESE CUISINE    _________________
          4360 HIGHWAY 95               _________________
          FORT MOHAVE, AZ 86426         _________________
Business Phone:     (928)763-6889       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160436

TIMOTHY LAWRENCE SHUGRUE
HALE HANA PIA LLC
BARLEY BROTHERS BREWERY & GRILL
1425 MCCULLOCH BLVD
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07080055 Renew? _____Yes_____No
Status: Active Status Date: 2/14/1997
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: TIMOTHY LAWRENCE SHUGRUE _____
Location: BARLEY BROTHERS BREWERY & GRILL_____
1425 MCCULLOCH BLVD _____
LAKE HAVASU CITY, AZ 86403 _____
Business Phone: (928)505-7837 _____

Renewal Fees:

License Renewal:	75.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	175.00

License# 12083050 Renew? _____Yes_____No
Status: Active Status Date: 1/28/1997
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: TIMOTHY LAWRENCE SHUGRUE _____
Location: BARLEY BROTHERS BREWERY & GRILL_____
1425 MCCULLOCH BLVD _____
LAKE HAVASU CITY, AZ 86403 _____
Business Phone: (928)505-7837 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160437

JAMES PAUL SHOEMAKER, SR.
MINIT SERVE DAIRY INC
MINIT SERVE DAIRY
1251 E BASELINE RD
BULLHEAD CITY AZ 86442

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083016         Renew? ______Yes_____No
Status:   Active           Status Date:     8/1/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES PAUL SHOEMAKER, SR.     ___________________
Location: MINIT SERVE DAIRY             ___________________
          1251 E BASELINE RD            ___________________
          BULLHEAD CITY, AZ 86442       ___________________
Business Phone:     (928)763-6600       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160438

PATRICIA GRADY
AREA 66 LLC
AREA 66
P O BOX 3
YUCCA AZ 86438

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083269         Renew? ______Yes_____No
Status:   Active           Status Date:     5/10/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PATRICIA  GRADY               ___________________
Location: AREA 66                       ___________________
          12716 ALAMO RD                ___________________
          YUCCA, AZ 86438               ___________________
Business Phone:     (928)766-2877       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160439

BRANTLEY EUGENE GORDON
JULIEANNA'S LLC
JULIEANNA'S PATIO CAFE
1951 W 25TH ST STE B
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143192         Renew? ______Yes_____No
Status:   Active           Status Date:     11/14/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BRANTLEY EUGENE GORDON        _________________
Location: JULIEANNA'S PATIO CAFE        _________________
          1951 W 25TH ST STE A          _________________
          YUMA, AZ 85364                _________________
Business Phone:     (928)317-1961       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160440

LAUREN KAY MERRETT
MAVERIK INC
MAVERIK
736 S LONGMORE ST
CHANDLER AZ 85224

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 09080014 Renew? _____Yes_____No
Status: Active Status Date: 1/21/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: LAUREN KAY MERRETT _____
Location: MAVERIK _____
5031 W HWY 68 GVSR _____
KINGMAN, AZ 86401 _____
Business Phone: (928)565-4422 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 10081005 Renew? _____Yes_____No
Status: Active Status Date: 10/1/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: LAUREN KAY MERRETT _____
Location: MAVERIK _____
2197 MCCULLOCH BLVD _____
LAKE HAVASU CITY, AZ 86404 _____
Business Phone: (928)855-8696 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 10081030 Renew? _____Yes_____No
Status: Active Status Date: 7/21/1992
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: LAUREN KAY MERRETT _____
Location: MAVERIK _____
4495 HWY 95 _____
FORT MOHAVE, AZ 86427 _____
Business Phone: (928)763-6336 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 10083186 Renew? _____Yes_____No
Status: Active Status Date: 4/25/2006
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: LAUREN KAY MERRETT _____
Location: MAVERIK _____
2612 DESERT FOOTHILLS BLVD _____
BULLHEAD CITY, AZ 86429 _____
Business Phone: (928)754-2600 _____

Renewal Fees:

License Renewal:	50.00

```
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00

--------------------------------------------------------------------------------
License#  10083265         Renew? ______Yes_____No
Status:   Active           Status Date:     11/26/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LAUREN KAY MERRETT            ___________________
Location: MAVERIK                       ___________________
          3480 E ANDY DEVINE AVE        ___________________
          KINGMAN, AZ 86401             ___________________
Business Phone:     (928)692-9500       __________

Renewal Fees:
     License Renewal:                   50.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160441

DONNA LAVERNE ANDERSON
SUNSHINE HOSPITALITY LLC
HOLIDAY INN EXPRESS
3031 E ANDY DEVINE AVE
KINGMAN AZ 86401

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07080045         Renew? ______Yes_____No
Status:   Active           Status Date:     8/1/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DONNA LAVERNE ANDERSON        _________________
Location: HOLIDAY INN EXPRESS           _________________
          3031 E ANDY DEVINE AVE        _________________
          KINGMAN, AZ 86401             _________________
Business Phone:     (928)718-4343       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160442

JACK DARRELL LOWE
WOODY'S ENTERPRISES LTD
WOODY'S #00107
580 W WICKENBURG WAY
WICKENBURG AZ 85390

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 09150010 Renew? _____Yes_____No
Status: Active Status Date: 8/2/2001
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JACK DARRELL LOWE _____
Location: WOODY'S #00107 _____
1001 FIESTA _____
PARKER, AZ 85344 _____
Business Phone: (520)256-6730 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10080034 Renew? _____Yes_____No
Status: Active Status Date: 8/2/2001
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JACK DARRELL LOWE _____
Location: WOODY'S #00112 _____
3401 STOCKTON HILL _____
KINGMAN, AZ 86401 _____
Business Phone: (520)256-6730 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10083002 Renew? _____Yes_____No
Status: Active Status Date: 8/2/2001
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JACK DARRELL LOWE _____
Location: WOODY'S FOOD STORE #132 _____
3713 HWY 95 _____
BULLHEAD CITY, AZ 86442 _____
Business Phone: (602)256-6730 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10083003 Renew? _____Yes_____No
Status: Active Status Date: 8/2/2001
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JACK DARRELL LOWE _____
Location: WOODY'S FOOD STORE #131 _____
1000 W BEALE ST _____
KINGMAN, AZ 86401 _____
Business Phone: (602)256-6730 _____

Renewal Fees:
License Renewal: 50.00

```
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00

-------------------------------------------------------------------------------
License#  10083031         Renew? ______Yes_____No
Status:   Active           Status Date:     8/2/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JACK DARRELL LOWE             ___________________
Location: WOODY'S FOOD STORE #34        ___________________
          281 S LAKE HAVASU             ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (520)505-3700       __________

Renewal Fees:
     License Renewal:                   50.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00

-------------------------------------------------------------------------------
License#  10083106         Renew? ______Yes_____No
Status:   Active           Status Date:     4/23/2002
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JACK DARRELL LOWE             ___________________
Location: WOODY'S  FOOD STORE #138      ___________________
          3260 E HWY 66                 ___________________
          KINGMAN, AZ 86401             ___________________
Business Phone:     (520)757-5676       __________

Renewal Fees:
     License Renewal:                   50.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

RG160443

RICHARD MC CULLOCH
HAVASU MARINA CORP
LAKE HAVASU MARINA
1100 MCCULLOCH BLVD
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10080038         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RICHARD  MC CULLOCH           ___________________
Location: LAKE HAVASU MARINA            ___________________
          1100 MCCULLOCH BLVD           ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)855-2159       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160444

EARL CLARE BALL
CHIC CHISHOLM POST 46, THE AMERICAN LEGION
AMERICAN LEGION #46
BOX F
BOUSE AZ 85325

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14153003         Renew? ______Yes_____No
Status:   Active           Status Date:     6/23/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    EARL CLARE BALL               ___________________
Location: AMERICAN LEGION #46           ___________________
          43531 HWY 72 BOX F            ___________________
          BOUSE, AZ 85325               ___________________
Business Phone:     (928)851-1050       __________

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

RG160445

CHRISTOPHER P ROLANDO
FUGS LLC
FUGS
2068 MCCULLOCH BLVD STE A
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07080036         Renew? ______Yes_____No
Status:   Active           Status Date:     11/12/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHRISTOPHER P ROLANDO         __________________
Location: FUGS                          __________________
          2068 MCCULLOCH BLVD STE A     __________________
          LAKE HAVASU CITY, AZ 86403    __________________
Business Phone:     (928)846-4680       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160446

ANDREA DAHLMAN LEWKOWITZ
HAVASU HOTEL PARTNERS LLC
HEAT HOTEL
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06080052         Renew? ______Yes_____No
Status:   Active           Status Date:     6/4/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      __________________
Location: HEAT HOTEL                    __________________
          1420 MCCULLOCH BLVD N         __________________
          LAKE HAVASU CITY, AZ 86403    __________________
Business Phone:     (928)854-2833       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160447

ELBERT ALVIN ROBERTSON, II
SILLY AL'S PIZZA II LLC
SILLY AL'S PIZZA
P O BOX 1577
QUARTZSITE AZ 85346

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06150011         Renew? ______Yes_____No
Status:   Active           Status Date:     6/29/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ELBERT ALVIN ROBERTSON, II    __________________
Location: SILLY AL'S PIZZA              __________________
          175 W MAIN                    __________________
          QUARTZSITE, AZ 85346          __________________
Business Phone:     (928)927-5585       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160448

EVAN JURJIS ABDULAHAD
JURJIS INC
EZ SHOP MARKET
1334 S 4TH AVE
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09140019         Renew? ______Yes_____No
Status:   Active           Status Date:     1/11/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    EVAN JURJIS ABDULAHAD         ___________________
Location: EZ SHOP MARKET                ___________________
          1334 S 4TH AVE                ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)782-6339       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160449

ALLEN ROBERT BERCOWETZ
MINESHAFT MARKET
PO BOX 10
CHLORIDE AZ 86431

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083259         Renew? ______Yes_____No
Status:   Active           Status Date:     10/7/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: MINESHAFT MARKET              _________________
          4940 TENNESSEE AVE            _________________
          CHLORIDE, AZ 86431            _________________
Business Phone:     (928)565-4888       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160450

SALVADOR ENRIQUEZ RUIZ
TACOS MI RANCHO
188 4TH AVE
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12141024         Renew? ______Yes_____No
Status:   Active           Status Date:     8/1/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: TACOS MI RANCHO               _________________
          188 4TH AVE                   _________________
          YUMA, AZ 85364                _________________
Business Phone:     (520)783-2116       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00

-------------------------------------------------------------------------------
License#  12143004         Renew? ______Yes_____No
Status:   Active           Status Date:     8/1/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: MI RANCHITO                   _________________
          2701 4TH AVE                  _________________
          YUMA, AZ 85364                _________________
Business Phone:     (928)344-6903       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners,

partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160451

WAYNE C BENESCH
CABALLEROS DE YUMA INC
CABALLEROS DE YUMA
P O BOX 5987
YUMA AZ 85366

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07140011         Renew? ______Yes_____No
Status:   Active           Status Date:     3/17/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WAYNE C BENESCH               _________________
Location: CABALLEROS DE YUMA            _________________
          1280 DESERT SUN DR            _________________
          YUMA, AZ 85364                _________________
Business Phone:     (928)343-1715       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160452

H J LEWKOWITZ
JERRY'S RESTAURANTS INC
BLACK BEAR DINER #47
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083060         Renew? ______Yes_____No
Status:   Active           Status Date:     8/2/1999
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 _________________
Location: BLACK BEAR DINER #47          _________________
          1751 HWY 95 STE 25            _________________
          BULLHEAD CITY, AZ 86442       _________________
Business Phone:     (928)763-2477       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00

-------------------------------------------------------------------------------
License#  12083249         Renew? ______Yes_____No
Status:   Active           Status Date:     5/4/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 _________________
Location: BLACK BEAR DINER #40          _________________
          1900 MCCULLOCH BLVD           _________________
          LAKE HAVASU CITY, AZ 86403    _________________
Business Phone:     (928)855-2013       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners,

partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160453

RICKY SCOTT GRIFFITH
RICK GRIFFITH ENTERPRISES LLC
PERKINS FAMILY RESTAURANT & BAKERY
2250 HWY 95 #26
BULLHEAD CITY AZ 86442

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083475         Renew? ______Yes_____No
Status:   Active           Status Date:     11/21/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RICKY SCOTT GRIFFITH          ___________________
Location: PERKINS FAMILY RESTAURANT & BAKERY___________________
          2250 HWY 95 #26               ___________________
          BULLHEAD CITY, AZ 86442       ___________________
Business Phone:     (928)763-1960       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160454

FRANCISCO TEJEDA-VILLAPUDUA
SAN LUIS SPORTS BAR & GRILL PARTNERSHIP
SAN LUIS SPORTS BAR & GRILL
P O BOX 2587
SAN LUIS AZ 85349

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07140041         Renew? ______Yes_____No
Status:   Active           Status Date:     7/25/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    FRANCISCO  TEJEDA-VILLAPUDUA  ___________________
Location: SAN LUIS SPORTS BAR & GRILL   ___________________
          1914 E JUAN SANCHEZ BLVD STE 7 & 8   ___________________
          SAN LUIS, AZ 85349            ___________________
Business Phone:     (928)941-7906       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160455

DONIELLE LYNNE NAYLOR
SAND BAR RESORT LLC
SHIPWRECKED
6400 RIVER SIDE DR
PARKER AZ 85344

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07150008         Renew? ______Yes_____No
Status:   Active           Status Date:     8/3/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DONIELLE LYNNE NAYLOR         _________________
Location: SHIPWRECKED                   _________________
          HWY 95 10 MI N OF PARKER      _________________
          PARKER, AZ 85344              _________________
Business Phone:     (928)667-3116       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00

-------------------------------------------------------------------------------
License#  12153059         Renew? ______Yes_____No
Status:   Active           Status Date:     8/3/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DONIELLE LYNNE NAYLOR         _________________
Location: SHIPWRECKED                   _________________
          HWY 95 10 MI N OF PARKER      _________________
          PARKER, AZ 85344              _________________
Business Phone:     (928)667-3116       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                   500.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             20.00
     Total:                             585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160456

JIMMY SEUNGJOON PARK
BLUE FIN SUSHI & GRILL INC
BLUE FIN SUSHI & GRILL
2905 S 4TH AVE
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143179         Renew? ______Yes_____No
Status:   Active           Status Date:     12/9/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JIMMY SEUNGJOON PARK          ___________________
Location: BLUE FIN SUSHI & GRILL        ___________________
          2905 S 4TH AVE                ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)726-2720       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160457

REGINA GOLIC HERNDON
VILLAGE INN PIZZA LLC
VILLAGE INN PIZZA PARLOR
1980 CHICO LN
YUMA AZ 85365

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07140023         Renew? ______Yes_____No
Status:   Active           Status Date:     6/13/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    REGINA GOLIC HERNDON          ___________________
Location: VILLAGE INN PIZZA PARLOR      ___________________
          41 E 16TH ST                  ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)783-8353       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160458

DION CARL DAVID LAUCK
IFSG LLC
LAUCKS HUALAPAI KWIK STOP
2500 HUALAPAI MOUNTAIN RD
KINGMAN AZ 86401

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083161         Renew? ______Yes_____No
Status:   Active           Status Date:     3/4/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DION CARL DAVID LAUCK         ___________________
Location: LAUCKS HUALAPAI KWIK STOP     ___________________
          2500 HUALAPAI MOUNTAIN RD     ___________________
          KINGMAN, AZ 86401             ___________________
Business Phone:     (928)753-3380       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160459

WILLIAM BRYAN BULLEN
HUALAPAI GAS N GRUB LLC
GAS N GRUB DAIRY N SUB
2201 HUALAPAI MTN RD
KINGMAN AZ 86401

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083203         Renew? ______Yes_____No
Status:   Active           Status Date:     3/5/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WILLIAM BRYAN BULLEN          ___________________
Location: GAS N GRUB DAIRY N SUB        ___________________
          2201 HUALAPAI RD              ___________________
          KINGMAN, AZ 86401             ___________________
Business Phone:     (928)718-8879       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160460

JAY SENGDENG
BANGKOK THAI CUISINE
208 W ANDY DEVINE
KINGMAN AZ 86401

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083300         Renew? ______Yes_____No
Status:   Active           Status Date:     3/20/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: BANGKOK THAI CUISINE          _________________
          208 W ANDY DEVINE             _________________
          KINGMAN, AZ 86401             _________________
Business Phone:     (928)753-1170       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160461

MARY MARGARET KLAWUHN
CHUCK'S STAGE STOP CORPORATION
CHUCK'S STAGE STOP
P O BOX 518
WELLTON AZ 85356

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143139         Renew? ______Yes_____No
Status:   Inactive         Status Date:     5/18/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARY MARGARET KLAWUHN         _________________
Location: CHUCK'S STAGE STOP            _________________
          28534 LOS ANGELES AVE         _________________
          WELLTON, AZ 85356             _________________
Business Phone:     (928)785-3131       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160462

JOHN BENJAMIN KNIGHT, III
SUN WEST EXPRESS III OF NEVADA LLC
ZIP
14555 W INDIAN SCHOOL RD #400-A
GOODYEAR AZ 85395

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083238         Renew? ______Yes_____No
Status:   Active           Status Date:     12/22/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN BENJAMIN KNIGHT, III     __________________
Location: ZIP                           __________________
          54 N LAKE HAVASU AVE          __________________
          LAKE HAVASU CITY, AZ 86403    __________________
Business Phone:     (928)453-6558       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  10153050         Renew? ______Yes_____No
Status:   Active           Status Date:     12/6/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN BENJAMIN KNIGHT, III     __________________
Location: ZIP TRAVEL CENTER             __________________
          48285 VICKSBURG RD            __________________
          SALOME, AZ 85348              __________________
Business Phone:     (480)426-1411       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

RG160463

WILLIAM P GRESSER, JR.
SOUTHERN ARIZONA GREYHOUND RACING INC
YUMA GREYHOUND PARK AND YUMA PARK N SWAP
P O BOX 1118
SCOTTSDALE AZ 85252

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06140013         Renew? ______Yes_____No
Status:   Active           Status Date:     10/5/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WILLIAM P GRESSER, JR.        _________________
Location: YUMA GREYHOUND PARK AND YUMA PARK N SWAP_________________
          4000 S 4TH AVE                _________________
          YUMA, AZ 85364                _________________
Business Phone:     (928)726-4655       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160464

DENNIS ALLEN DOLE
VFW #769 - CORP
VFW POST 769
P O BOX 2592
QUARTZSITE AZ 85346

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14153004         Renew? ______Yes_____No
Status:   Active           Status Date:     4/2/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DENNIS ALLEN DOLE             ___________________
Location: VFW POST 769                  ___________________
          305 N CENTRAL BLVD            ___________________
          QUARTZSITE, AZ 85346          ___________________
Business Phone:     (928)927-7697       __________

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

RG160465

MICHAEL DARREN THURSTON
BLUE SUN VENTURES LLC
HACIENDA MINI MART
3618 S JAMAICA BLVD
LAKE HAVASU CITY AZ 86406

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09080042         Renew? ______Yes_____No
Status:   Active           Status Date:     8/17/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL DARREN THURSTON       ___________________
Location: HACIENDA MINI MART            ___________________
          3618 S JAMAICA BLVD           ___________________
          LAKE HAVASU CITY, AZ 86406    ___________________
Business Phone:     (928)855-4713       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160466

PEGGY MARIE BRAUN
RIVIERA MARINA
PO BOX 23323
BULLHEAD CITY AZ 86442

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083204         Renew? ______Yes_____No
Status:   Active           Status Date:     4/15/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: RIVIERA MARINA                _________________
          520 RIVIERA BLVD              _________________
          RIVIERA, AZ 86442             _________________
Business Phone:     (928)763-8550       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160467

ALBERT JOSEPH MARTINO
AL'S SAND BAR INC
SAND BAR
31404 RIVERSIDE DR
PARKER AZ 85344

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06150001         Renew? ______Yes_____No
Status:   Active           Status Date:     1/26/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ALBERT JOSEPH MARTINO         ___________________
Location: SAND BAR                      ___________________
          31404 RIVERSIDE DR            ___________________
          PARKER, AZ 85344              ___________________
Business Phone:     (928)667-3139       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160468

ALBERTO CASTORENA
LPTG3 LLC
LAS PALAPAS TACO GRILL
3806 W 18TH ST
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143174         Renew? ______Yes_____No
Status:   Active           Status Date:     8/19/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ALBERTO  CASTORENA            ___________________
Location: LAS PALAPAS TACO GRILL        ___________________
          10747 S FORTUNA RD #B         ___________________
          YUMA, AZ 85365                ___________________
Business Phone:     (928)345-3231       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160469

SCOTT BRIAN WILSON
YUMA SOUTHWEST REFRIGERATION INC
LA RESACA
1725 S 3RD AVE
YUMA AZ 85365

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143176         Renew? ______Yes_____No
Status:   Active           Status Date:     8/12/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SCOTT BRIAN WILSON            ___________________
Location: LA RESACA                     ___________________
          1725 S 3RD AVE                ___________________
          YUMA, AZ 85365                ___________________
Business Phone:     (928)276-3280       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160470

MANUEL YOUSIF BAZZI
EXPRESS MARKET MB INC
EXPRESS MARKET
P O BOX 644
SOMERTON AZ 85350

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10143138         Renew? ______Yes_____No
Status:   Active           Status Date:     6/19/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MANUEL YOUSIF BAZZI           ___________________
Location: EXPRESS MARKET                ___________________
          111 E JOSHUA ST #1            ___________________
          SOMERTON, AZ 85350            ___________________
Business Phone:     (928)627-7878       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160471

SHERRY LEE GUMM
LSGD INC
DAYBREAKERS CAFE
10800 N FRONTAGE RD
YUMA AZ 85367

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143127         Renew? ______Yes_____No
Status:   Active           Status Date:     8/1/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SHERRY LEE GUMM               ___________________
Location: DAYBREAKERS CAFE              ___________________
          10800 N FRONTAGE RD           ___________________
          YUMA, AZ 85367                ___________________
Business Phone:     (928)342-2110       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160472

ALICE WILSON
PARKER DAM DINER & DELI
37233 MARINA VIEW
PARKER AZ 85344

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12153049         Renew? ______Yes_____No
Status:   Active           Status Date:     1/28/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: PARKER DAM DINER & DELI       _________________
          3442 RIVERSIDE DR             _________________
          PARKER, AZ 85344              _________________
Business Phone:     (928)667-3028       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160473

LAWRENCE R ADAMS
DORADO DIVERSIFIED INC
RIVER LAGOON RESORT
P O BOX 3
EHRENBERG AZ 85334

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10153003         Renew? ______Yes_____No
Status:   Active           Status Date:     8/4/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LAWRENCE R ADAMS              ___________________
Location: RIVER LAGOON RESORT           ___________________
          50078 PARKER POSTON HWY       ___________________
          EHRENBERG, AZ 85334           ___________________
Business Phone:     (928)923-7942       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160474

ALLEN EDMOND FOLLETT
V F W #11014
V F W #11014
PO BOX 512
MEADVIEW AZ 86444

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14083000         Renew? ______Yes_____No
Status:   Active           Status Date:     8/3/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ALLEN EDMOND FOLLETT          ___________________
Location: V F W #11014                  ___________________
          210 E MEADVIEW BLVD           ___________________
          MEADVIEW, AZ 86444            ___________________
Business Phone:     (928)564-2441       __________

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

RG160475

JASON CARLISLE PENNY
THE BLAISDELL LLC
BLAISDELL STEAKHOUSE & MEXICAN
7820 S U.S. HIGHWAY 95
YUMA AZ 85365

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143198         Renew? ______Yes_____No
Status:   Active           Status Date:     8/28/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JASON CARLISLE PENNY          ___________________
Location: BLAISDELL STEAKHOUSE & MEXICAN___________________
          11411 S FORTUNA RD STE 214    ___________________
          YUMA, AZ 85367                ___________________
Business Phone:     (928)342-8398       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160476

YULAN JIANG
GOLDEN PHOENIX CHINESE RESTAURANT
1685 MESQUITE AVE
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083424         Renew? ______Yes_____No
Status:   Active           Status Date:     10/5/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: GOLDEN PHOENIX CHINESE RESTAURANT_________________
          1685 MESQUITE AVE STE G       _________________
          LAKE HAVASU CITY, AZ 86403    _________________
Business Phone:     (928)680-1326       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160477

ARTHUR RAMO
HADAYA INC
YUMA BEVERAGE HOUSE #1
166 W 32ND ST
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09140024         Renew? ______Yes_____No
Status:   Active           Status Date:     11/3/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ARTHUR  RAMO                  _________________
Location: YUMA BEVERAGE HOUSE #1        _________________
          166 W 32ND ST                 _________________
          YUMA, AZ 85364                _________________
Business Phone:     (928)726-3452       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  09140026         Renew? ______Yes_____No
Status:   Inactive         Status Date:     11/3/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ARTHUR  RAMO                  _________________
Location: YUMA BEVERAGE HOUSE #1        _________________
          166 W 32ND ST                 _________________
          YUMA, AZ 85364                _________________
Business Phone:     (928)726-3452       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

RG160478

GABRIEL VINDIOLA PALMA
LA TIENDITA LLC
LA TIENDITA
P O BOX 256
WENDEN AZ 85357-0256

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10153054         Renew? ______Yes_____No
Status:   Active           Status Date:     6/24/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GABRIEL VINDIOLA PALMA        ___________________
Location: LA TIENDITA                   ___________________
          71006 HWY 60                  ___________________
          WENDEN, AZ 85357              ___________________
Business Phone:     (928)859-4030       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160479

LIPSA S PATEL
ISLAND INN BAR & GRILL
3001 E ANDY DEVINE AVE
KINGMAN AZ 86401

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07080008         Renew? ______Yes_____No
Status:   Active           Status Date:     7/9/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: ISLAND INN BAR & GRILL        _________________
          1340 MCCULLOCH BLVD           _________________
          LAKE HAVASU CITY, AZ 86403    _________________
Business Phone:     (928)680-0606       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160480

CAMILA ALARCON
CAL-AM PROPERTIES INC
FORTUNA DE ORO RV RESORT
2 N CENTRAL AVE 15TH FL
ATTN: GAMMAGE & BURNHAM PLC
PHOENIX AZ 85004

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143189         Renew? ______Yes_____No
Status:   Inactive         Status Date:     4/26/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CAMILA  ALARCON               ___________________
Location: FORTUNA DE ORO RV RESORT      ___________________
          13650 N FRONTAGE RD           ___________________
          YUMA, AZ 85365                ___________________
Business Phone:     (928)342-5051       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160481

MARIE OLGA MAYA
MAYAS' RESTAURANT & SPORTS CANTINA
621 RIVERSIDE DR
PARKER AZ 85344

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12153078         Renew? ______Yes_____No
Status:   Active           Status Date:     8/7/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: MAYAS' RESTAURANT & SPORTS CANTINA_________________
          621 RIVERSIDE DR              _________________
          PARKER, AZ 85344              _________________
Business Phone:     (928)575-4949       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160482

WILLIAM RANCE JETER
OUTPOST
3685 HWY 68
GOLDEN VALLEY AZ 86413

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083210         Renew? ______Yes_____No
Status:   Active           Status Date:     8/18/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: OUTPOST                       _________________
          3685 HWY 68                   _________________
          KINGMAN, AZ 86413             _________________
Business Phone:     (928)565-3335       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160483

PETER HENRY SCHELSTRAETE
BJ'S TAVERN LLC
B J'S TAVERN
2122 MCCULLOCH BLVD
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06080011         Renew? ______Yes_____No
Status:   Active           Status Date:     11/19/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PETER HENRY SCHELSTRAETE      ___________________
Location: B J'S TAVERN                  ___________________
          2122 MCCULLOCH BLVD           ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)854-2122       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160484

DENISE MARIE ADLER
BEYOND TECHNOLOGIES LLC
WAYSIDE INN
PO BOX 308
WENDEN AZ 85357

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07150024         Renew? ______Yes_____No
Status:   Active           Status Date:     10/13/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DENISE MARIE ADLER            _________________
Location: WAYSIDE INN                   _________________
          74801 WICKENBURG RD           _________________
          WENDEN, AZ 85357              _________________
Business Phone:     (928)925-3456       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160485

HENRY HARUO NOMOTO
JAPAN ENTERPRISES LLC
TOKYO GARDEN
1047 HWY 95 #A 1
BULLHEAD CITY AZ 86430

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 12083479 Renew? _____Yes_____No
Status: Active Status Date: 2/26/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: HENRY HARUO NOMOTO _____
Location: TOKYO GARDEN _____
1047 HWY 95 STE A 1 _____
BULLHEAD CITY, AZ 86430 _____
Business Phone: (928)754-1760 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160486

ANGELA DAWN PATTERSON
BEALE STREET BREWS LLC
BEALE STREET BREWS COFFEE SHOP
418 E BEALE ST
KINGMAN AZ 86401

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083449         Renew? ______Yes_____No
Status:   Active           Status Date:     8/20/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANGELA DAWN PATTERSON         ___________________
Location: BEALE STREET BREWS COFFEE SHOP___________________
          418 E BEALE ST                ___________________
          KINGMAN, AZ 86401             ___________________
Business Phone:     (928)753-4004       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160487

DEBBRA ELIZABETH AULT
D & D WILD 2 LLC
HOOCH'S RIVER GRILL
P O BOX 1104
TOPOCK AZ 86436

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083484         Renew? ______Yes_____No
Status:   Active           Status Date:     6/3/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DEBBRA ELIZABETH AULT         ___________________
Location: HOOCH'S RIVER GRILL           ___________________
          5035 E LAKE POWELL RD         ___________________
          TOPOCK, AZ 86436              ___________________
Business Phone:     (928)768-3456       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160488

CHUAN BAO HE
YUMA PALACE LLC
YUMA PALACE
11001 N 99TH AVE
PEORIA AZ 85345

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143187         Renew? ______Yes_____No
Status:   Active           Status Date:     12/31/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHUAN BAO HE                  _________________
Location: YUMA PALACE                   _________________
          350 E 32ND ST                 _________________
          YUMA, AZ 85364                _________________
Business Phone:     (928)726-6969       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160489

ALEJANDRO MORALES
MAR AZUL LLC
MAR AZUL MARISCOS SEAFOOD RESTAURANT
P O BOX 148
SOMERTON AZ 85350

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143145         Renew? ______Yes_____No
Status:   Active           Status Date:     10/21/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ALEJANDRO  MORALES            ___________________
Location: MAR AZUL MARISCOS SEAFOOD RESTAURANT___________________
          1314 S 4TH AVE #5             ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)329-6606       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160490

VINCENT HIKMAT SALMU
V & P GATE WAY INC
GATEWAY STATION
14193 N HWY 93
DOLAN SPRINGS AZ 86441

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083221         Renew? ______Yes_____No
Status:   Active           Status Date:     8/16/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    VINCENT HIKMAT SALMU          ___________________
Location: GATEWAY STATION               ___________________
          14193 N HWY 93                ___________________
          DOLAN SPRINGS, AZ 86441       ___________________
Business Phone:     (928)767-4666       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160491

DIANA MARIE CALDON
DIANA'S CELLAR DOOR WINE BAR LLC
DIANA'S CELLAR DOOR WINE BAR
414 E BEALE ST
KINGMAN AZ 86401

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07080017         Renew? ______Yes_____No
Status:   Active           Status Date:     4/17/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DIANA MARIE CALDON            ___________________
Location: DIANA'S CELLAR DOOR WINE BAR  ___________________
          414 E BEALE ST                ___________________
          KINGMAN, AZ 86401             ___________________
Business Phone:     (928)753-3885       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160492

PAUL JEFFREY WHITE
H & S DEVELOPERS INC
FOOTHILLS GOLF COURSE
12486 S FOOTHILLS BLVD
YUMA AZ 85367

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07140005 Renew? _____Yes_____No
Status: Active Status Date: 12/1/1999
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: PAUL JEFFREY WHITE _____
Location: FOOTHILLS GOLF COURSE _____
14200 E COUNTY 14TH ST _____
YUMA, AZ 85367 _____
Business Phone: (520)342-9565 _____

Renewal Fees:

License Renewal:	75.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	175.00

License# 09140051 Renew? _____Yes_____No
Status: Active Status Date: 8/4/1999
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JAMES EUGENE THOMAS _____
Location: HANK'S MARKET & BUTCHER SHOP _____
11720 S FOOTHILLS BLVD _____
YUMA, AZ 85367 _____
Business Phone: (928)342-1238 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 10143050 Renew? _____Yes_____No
Status: Active Status Date: 8/4/2000
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JAMES EUGENE THOMAS _____
Location: FOOTHILLS MINI MART _____
12900 S FOOTHILLS BLVD _____
YUMA, AZ 85367 _____
Business Phone: (928)342-1238 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____

Name Street City County Zip

2) _____ _____

Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160493

DANNY ROY THOMAS
BIG RIG ENT INC
BIG RIG DOLL HOUSE
PO BOX 152
FLAGSTAFF AZ 86002

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07086000         Renew? ______Yes_____No
Status:   Active           Status Date:     7/12/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DANNY ROY THOMAS              _________________
Location: BIG RIG DOLL HOUSE            _________________
          2770 W OLD HWY 66             _________________
          KINGMAN, AZ 86401             _________________
Business Phone:     (928)753-6558       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160494

ANDREA DAHLMAN LEWKOWITZ
RED ROBIN INTERNATIONAL INC
RED ROBIN GOURMET BURGERS & BREWS
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083539         Renew? ______Yes_____No
Status:   Active           Status Date:     12/11/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      ___________________
Location: RED ROBIN GOURMET BURGERS & BREWS___________________
          70 SWANSON AVE                ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)855-8555       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160495

JERRY FLOYD ALDRIDGE
CITY CENTER EXECUTIVE PLAZA LLC
REFUGE GOLF AND COUNTRY CLUB
PO BOX 2460
LAKE HAVASU CITY AZ 86405

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07080033         Renew? ______Yes_____No
Status:   Active           Status Date:     3/25/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JERRY FLOYD ALDRIDGE          ___________________
Location: REFUGE GOLF AND COUNTRY CLUB  ___________________
          3275 LATROBE DR               ___________________
          LAKE HAVASU CITY, AZ 86404    ___________________
Business Phone:     (928)764-1404       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00

-------------------------------------------------------------------------------
License#  14083009         Renew? ______Yes_____No
Status:   Active           Status Date:     3/25/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JERRY FLOYD ALDRIDGE          ___________________
Location: REFUGE GOLF AND COUNTRY CLUB  ___________________
          3275 LATROBE DR               ___________________
          LAKE HAVASU CITY, AZ 86404    ___________________
Business Phone:     (928)764-1404       __________

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

RG160496

ANTONIO DUARTE
DRAGON DE ORO
PO BOX 2848
SOMERTON AZ 85350

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143000         Renew? ______Yes_____No
Status:   Active           Status Date:     8/27/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: DRAGON DE ORO                 _________________
          257 MAIN ST                   _________________
          SOMERTON, AZ 85350            _________________
Business Phone:     (928)627-1719       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160497

ROBERT PATRICK CAREY, JR.
AMERICAN LEGION #19
AMERICAN LEGION #19
2575 VIRGINIA DR
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14140016         Renew? ______Yes_____No
Status:   Active           Status Date:     8/2/1999
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT PATRICK CAREY, JR.     ___________________
Location: AMERICAN LEGION #19           ___________________
          2575 VIRGINIA DR              ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)344-3441       __________

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

RG160498

RIVAN SAAD NONA
SUPER K MARKET INC
SUPER K DRIVE THRU
P O BOX 1497
SOMERTON AZ 85350

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09140002         Renew? ______Yes_____No
Status:   Active           Status Date:     8/7/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RIVAN SAAD NONA               ___________________
Location: SUPER K DRIVE THRU            ___________________
          917 W MAIN ST                 ___________________
          SOMERTON, AZ 85350            ___________________
Business Phone:     (928)627-8810       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160499

JENNIFER LEE PACHECO
STAR 6 INVESTMENTS
SILVERCREEK RV PARK
1515 GOLD RUSH DR
BULLHEAD CITY AZ 86442

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10081061         Renew? ______Yes_____No
Status:   Active           Status Date:     10/1/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JENNIFER LEE PACHECO          ___________________
Location: SILVERCREEK RV PARK           ___________________
          1515 GOLD RUSH DR             ___________________
          BULLHEAD CITY, AZ 86442       ___________________
Business Phone:     (928)763-2444       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160500

MICHAEL JAMES MEERSMAN
CITY OF KINGMAN
VETERANS CENTENNIAL RECREATIONAL COMPLEX
3333 HARRISON ST
KINGMAN AZ 86401

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  05080002         Renew? ______Yes_____No
Status:   Active           Status Date:     10/10/1990
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL JAMES MEERSMAN        ___________________
Location: VETERANS CENTENNIAL RECREATIONAL COMPLEX___________________
          3333 HARRISON ST              ___________________
          KINGMAN, AZ 86401             ___________________
Business Phone:     (928)757-7919       __________

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#  05080003         Renew? ______Yes_____No
Status:   Active           Status Date:     10/10/1990
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL JAMES MEERSMAN        ___________________
Location: CERBAT CLIFFS GOLF COURSE     ___________________
          1001 E GATES AVE              ___________________
          KINGMAN, AZ 86401             ___________________
Business Phone:     (928)757-7919       __________

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

RG160501

JAMES NENG KI LEE
LEE & PIO CORPORATION
AH SO SUSHI & STEAK
1325 S YUMA PALMS PKWY #B-05
YUMA AZ 85365

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 12143136 Renew? _____Yes_____No
Status: Active Status Date: 5/15/2008
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JAMES NENG KI LEE _____
Location: AH SO SUSHI & STEAK _____
1325 S YUMA PALMS PKWY #B-05 _____
YUMA, AZ 85365 _____
Business Phone: (928)329-7442 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160502

JAMES MORTON BERGREN
WESTWIND RV & GOLF RESORT LLC
CACTUS CAFE
1515 THE ALAMEDA STE 200
SAN JOSE CA 95126

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143074         Renew? ______Yes_____No
Status:   Active           Status Date:     8/6/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES MORTON BERGREN          _________________
Location: CACTUS CAFE                   _________________
          9797 E 32ND ST                _________________
          YUMA, AZ 85365                _________________
Business Phone:     (928)342-2992       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160503

STEVEN DOUGLAS POOLE
ROADRUNNER GROCERS INC
ROADRUNNER MARKET
P O BOX 4148
QUARTZSITE AZ 85346

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09150003         Renew? ______Yes_____No
Status:   Active           Status Date:     8/12/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    STEVEN DOUGLAS POOLE          ___________________
Location: ROADRUNNER MARKET             ___________________
          200 E MAIN ST                 ___________________
          QUARTZSITE, AZ 85346          ___________________
Business Phone:     (928)927-6326       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  10153052         Renew? ______Yes_____No
Status:   Active           Status Date:     8/12/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    STEVEN DOUGLAS POOLE          ___________________
Location: ROADRUNNER MARKET #2          ___________________
          27646 HWY 72 LOTS 5-14        ___________________
          BOUSE, AZ 85325               ___________________
Business Phone:     (928)927-6326       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____ 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

RG160504

LINDA ELIZABETH MEISCH
BIG SLICK STOP LLC
MARKER 29
8912 SPANISH RIDGE AVE STE 200
LAS VEGAS NV 89148

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083288         Renew? ______Yes_____No
Status:   Active           Status Date:     8/1/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LINDA ELIZABETH MEISCH        ___________________
Location: MARKER 29                     ___________________
          19210 N HWY 93                ___________________
          WHITE HILLS, AZ 86445         ___________________
Business Phone:     (928)387-2929       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160505

H J LEWKOWITZ
OATMAN HOTEL LLC
OATMAN HOTEL
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  11083011         Renew? ______Yes_____No
Status:   Active           Status Date:     6/20/2002
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 _________________
Location: OATMAN HOTEL                  _________________
          181 MAIN ST                   _________________
          OATMAN, AZ 86433              _________________
Business Phone:     (928)768-4408       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            555.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160506

NICHOLAS CARL GUTTILLA
YUMA HOSPITALITY PROPERTIES LLLP
BEST WESTERN INNSUITES HOTEL & SUITES - YUMA
1615 E NORTHERN AVE #105
PHOENIX AZ 85020

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
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Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  11143011         Renew? ______Yes_____No
Status:   Active           Status Date:     3/17/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NICHOLAS CARL GUTTILLA        _________________
Location: BEST WESTERN INNSUITES HOTEL & SUITES - YUMA_________________
          1450 S CASTLE DOME AVE        _________________
          YUMA, AZ 85365                _________________
Business Phone:     (928)783-8341       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            555.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160507

MARTIN GARY CLINE
RIVER RUN GRILL PIZZA SPORTS BAR LLC
RIVER RUN GRILL PIZZA SPORTS BAR
PO BOX 392
EHRENBERG AZ 85334

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06150002         Renew? ______Yes_____No
Status:   Active           Status Date:     12/19/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARTIN GARY CLINE             _________________
Location: RIVER RUN GRILL PIZZA SPORTS BAR_________________
          50006 EHRENBERG/PARKER HWY    _________________
          EHRENBERG, AZ 85334           _________________
Business Phone:                         __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160508

ZOILA AMANDA NUNEZ
LA PALMA MEXICAN FOOD LLC
LA PALMA MEXICAN FOOD
P O BOX 4174
KINGMAN AZ 86402

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/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#  12083342         Renew? ______Yes_____No
Status:   Active           Status Date:     8/12/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ZOILA AMANDA NUNEZ            _________________
Location: LA PALMA MEXICAN FOOD         _________________
          3039 NORTHERN AVE             _________________
          KINGMAN, AZ 86409             _________________
Business Phone:     (928)757-5629       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160509

DEBORAH ANN WENDT
CITY OF YUMA
YUMA CIVIC & CONVENTION CENTER
1440 DESERT HILLS DR
YUMA AZ 85365

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  05140001         Renew? ______Yes_____No
Status:   Active           Status Date:     8/1/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DEBORAH ANN WENDT             ___________________
Location: YUMA CIVIC & CONVENTION CENTER___________________
          1440 DESERT HILLS DR          ___________________
          YUMA, AZ 85365                ___________________
Business Phone:     (928)373-5040       __________

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#  05143002         Renew? ______Yes_____No
Status:   Active           Status Date:     4/18/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DEBORAH ANN WENDT             ___________________
Location: DESERT HILLS PAR 3 GOLF COURSE___________________
          1351 W 32ND ST                ___________________
          YUMA, AZ 85365                ___________________
Business Phone:     (928)726-8350       __________

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

RG160510

WILLARD L BUTTS
BLACK CANYON/WILLOW BEACH RIVER ADVENTURES LLC
WILLOW BEACH HARBOR
7501 E MCCORMICK PKWY #100LL
SCOTTSDALE AZ 85258

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083181         Renew? ______Yes_____No
Status:   Active           Status Date:     5/11/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WILLARD L BUTTS               ___________________
Location: WILLOW BEACH HARBOR           ___________________
          25804 N WILLOW BEACH RD       ___________________
          WILLOW BEACH, AZ 86445        ___________________
Business Phone:     (928)767-4747       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160511

CASEY KEVIN WARDECKI
L H R C INCORPORATED
ROSATI'S PIZZA
91 LONDON BRIDGE RD
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083427         Renew? ______Yes_____No
Status:   Active           Status Date:     8/3/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CASEY KEVIN WARDECKI          ___________________
Location: ROSATI'S PIZZA                ___________________
          91 LONDON BRIDGE RD           ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)855-8665       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160512

CHARLES LEE BAKER, III
RIVERBAR LLC
BAR
P O BOX 1051
PARKER AZ 85344

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06150010         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHARLES LEE BAKER, III        ___________________
Location: BAR                           ___________________
          10172 RIVERSIDE DR            ___________________
          PARKER, AZ 85344              ___________________
Business Phone:     (928)667-5946       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160513

JARED MICHAEL REPINSKI
SC FAMILY RESTAURANT LLC
WILD ROADRUNNER RESTAURANT
PO BOX 6252
CHANDLER AZ 85246

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083535         Renew? ______Yes_____No
Status:   Active           Status Date:     10/2/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JARED MICHAEL REPINSKI        ___________________
Location: WILD ROADRUNNER RESTAURANT    ___________________
          2440 ADOBE RD #114            ___________________
          BULLHEAD CITY, AZ 86442       ___________________
Business Phone:     (928)758-6888       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160514

ROBERT DONALD MOORE
BPOE #1929
BPOE #1929
716 LAGUNA
PARKER AZ 85344

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14150003         Renew? ______Yes_____No
Status:   Active           Status Date:     8/12/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT DONALD MOORE           ___________________
Location: BPOE #1929                    ___________________
          716 LAGUNA                    ___________________
          PARKER, AZ 85344              ___________________
Business Phone:     (928)669-2550       __________

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

RG160515

MICHELE LYN LIN
LIN'S LITTLE CHINA BUFFET INC
LIN'S LITTLE CHINA
3370 TOLTECA DR
LAKE HAVASU CITY AZ 86406

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083521         Renew? ______Yes_____No
Status:   Active           Status Date:     8/3/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHELE LYN LIN               _________________
Location: LIN'S LITTLE CHINA            _________________
          1881 KIOWA AVE                _________________
          LAKE HAVASU CITY, AZ 86404    _________________
Business Phone:     (928)208-0535       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160516

TIMOTHY LEE PIKE
ROADHOUSE 95 GRILL
5091 HWY 95
FORT MOHAVE AZ 86426

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083546         Renew? ______Yes_____No
Status:   Active           Status Date:     2/1/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: ROADHOUSE 95 GRILL            _________________
          5100 HWY 95 STE C&D           _________________
          FORT MOHAVE, AZ 86426         _________________
Business Phone:     (928)768-8911       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160517

CHRISTOPHER JOE CARDENAS
YM PIZZA LLC
BENITO'S PIZZA
PO BOX 12464
YUMA AZ 85365

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143214         Renew? ______Yes_____No
Status:   Active           Status Date:     2/24/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHRISTOPHER JOE CARDENAS      _________________
Location: BENITO'S PIZZA                _________________
          965 QUILTER ST                _________________
          YUMA, AZ 85365                _________________
Business Phone:     (928)269-4444       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160518

KC JEBRAN IBRAHIM
BSD INC
SPEEDWAY MINI MART
5100 HWY 95
FORT MOHAVE AZ 86426

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09080023         Renew? ______Yes_____No
Status:   Active           Status Date:     8/4/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KC JEBRAN IBRAHIM             ___________________
Location: SPEEDWAY MINI MART            ___________________
          5100 HWY 95                   ___________________
          BULLHEAD CITY, AZ 86426       ___________________
Business Phone:     (928)768-7200       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160519

ARKAN JANKEEL
JANKEEL INC
USA GAS
216 W RIVERSIDE DR
PARKER AZ 85344

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09150016         Renew? ______Yes_____No
Status:   Active           Status Date:     8/5/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ARKAN  JANKEEL                _________________
Location: USA GAS                       _________________
          216 RIVERSIDE DR              _________________
          PARKER, AZ 85344              _________________
Business Phone:     (928)669-5595       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160520

NATHAN K HEIDA
PINT HOUSE LLC
PINT HOUSE
265 S MAIN ST STE A
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06143001         Renew? ______Yes_____No
Status:   Active           Status Date:     7/14/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NATHAN K HEIDA                _________________
Location: PINT HOUSE                    _________________
          265 S MAIN ST STE A           _________________
          YUMA, AZ 85364                _________________
Business Phone:     (928)782-0499       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160521

VINCENT EGIDIO DESISTO
PLACE TO BE LLC
PLACE TO BE
3606 STANFORD DR
LAKE HAVASU CITY AZ 86406

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083402         Renew? ______Yes_____No
Status:   Active           Status Date:     1/22/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    VINCENT EGIDIO DESISTO        ___________________
Location: PLACE TO BE                   ___________________
          171 SWANSON AVE STE #100      ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)453-8339       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160522

WILLIAM FRANCIS BOWLES
DAS BRATWURST HAUS LLC
DAS BRATWURST HAUS
204 S MADISON AVE
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143164         Renew? ______Yes_____No
Status:   Active           Status Date:     8/15/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WILLIAM FRANCIS BOWLES        _________________
Location: DAS BRATWURST HAUS            _________________
          204 S MADISON AVE             _________________
          YUMA, AZ 85364                _________________
Business Phone:     (928)329-4777       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160523

WILLIAM C KIMBALL
FOE #3744
FOE #3744
P O BOX 4640
HUALAPAI AZ 86412

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14080014         Renew? ______Yes_____No
Status:   Active           Status Date:     8/12/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WILLIAM C KIMBALL             _________________
Location: FOE #3744                     _________________
          4536 PATSY DR                 _________________
          KINGMAN, AZ 86401             _________________
Business Phone:     (928)757-8635       __________

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

RG160524

DENNIS MICKLE DEMILLE
OASIS RECREATIONAL PROPERTIES INC
PALMS GOLF COURSE & CHUCK HOUSE
950 W MESQUITE BLVD
MESQUITE NV 89027

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06080029         Renew? ______Yes_____No
Status:   Active           Status Date:     8/7/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DENNIS MICKLE DEMILLE         ___________________
Location: PALMS GOLF COURSE & CHUCK HOUSE___________________
          530 PEPPERMILL PALMS BLVD     ___________________
          LITTLEFIELD, AZ 86432         ___________________
Business Phone:     (702)346-7529       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160525

NANCY C VANDERSLICE
WILLOW VALLEY LIQUOR STORE INC
WILLOW VALLEY LIQUOR
P O BOX 5354
MOHAVE VALLEY AZ 86440

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09080037         Renew? ______Yes_____No
Status:   Pending          Status Date:     4/15/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NANCY C VANDERSLICE           ___________________
Location: WILLOW VALLEY LIQUOR          ___________________
          8045 HWY 95 STE A             ___________________
          MOHAVE VALLEY, AZ 86440       ___________________
Business Phone:     (928)768-4400       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160526

NAN FRANCES BAIN
BIG CITY CHICKS CO
RIVER CITY GRILL
600 S 8TH AVE
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143047         Renew? ______Yes_____No
Status:   Active           Status Date:     8/6/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NAN FRANCES BAIN              _________________
Location: RIVER CITY GRILL              _________________
          600 W 3RD ST                  _________________
          YUMA, AZ 85364                _________________
Business Phone:     (928)782-7988       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160527

DONALD FISHER
FISHER'S LANDING INC
FISHER'S LANDING RESORT
P O BOX 72188
YUMA AZ 85365

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06140031         Renew? ______Yes_____No
Status:   Active           Status Date:     3/4/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DONALD  FISHER                _________________
Location: FISHER'S LANDING RESORT       _________________
          10882 N FISHER'S LANDING RD   _________________
          YUMA, AZ 85365                _________________
Business Phone:     (928)782-7049       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160528

THOMAS ROBERT AGUILERA
YUMA WINGS I LLC
WINGSTOP
4554 E CAMP LOWELL DR
TUCSON AZ 85712

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143216         Renew? ______Yes_____No
Status:   Active           Status Date:     2/23/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THOMAS ROBERT AGUILERA        ___________________
Location: WINGSTOP                      ___________________
          290 W 32ND ST                 ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)726-1919       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160529

KEVIN MICHAEL MC CAAN
JAX FULL LLC
MR LUCKYS BILLIARDS
3269 MARICOPA AVE 114-216
LAKE HAVASU CITY AZ 86406

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06080039         Renew? ______Yes_____No
Status:   Active           Status Date:     1/14/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KEVIN MICHAEL MC CAAN         ___________________
Location: MR LUCKYS BILLIARDS           ___________________
          3313 MARICOPA AVE             ___________________
          LAKE HAVASU CITY, AZ 86406    ___________________
Business Phone:     (928)855-4000       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160530

XING QIAN
MANDARIN GARDEN VILLAGE INC
MANDARIN GARDEN
12415 S FRONTAGE RD
YUMA AZ 85365

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143090         Renew? ______Yes_____No
Status:   Active           Status Date:     9/8/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    XING  QIAN                    _________________
Location: MANDARIN GARDEN               _________________
          12415 S FRONTAGE RD           _________________
          YUMA, AZ 85365                _________________
Business Phone:     (928)342-6336       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160531

TIMOTHY RAY MORRIS
CRAZY CARLOS INC
BAD MIGUEL'S
1841 N KIOWA AVE #C103
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083292         Renew? ______Yes_____No
Status:   Active           Status Date:     8/11/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TIMOTHY RAY MORRIS            ___________________
Location: BAD MIGUEL'S                  ___________________
          1841 N KIOWA AVE #C103        ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)680-0201       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160532

MONICA BRACAMONTES
LAS HERRADURAS MEXICAN RESTAURANT LLC
LAS HERRADURAS MEXICAN RESTAURANT
2256 S 4TH AVE
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143166         Renew? ______Yes_____No
Status:   Active           Status Date:     7/27/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MONICA  BRACAMONTES           ___________________
Location: LAS HERRADURAS MEXICAN RESTAURANT___________________
          2256 S 4TH AVE                ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)783-0559       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160533

VINCENT JOHN CRISPINO, JR.
SODEXO AMERICA LLC
ARIZONA WESTERN COLLEGE
9801 WASHINGTONIAN BLVD
GAITHERSBURG MD 20878

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07146002         Renew? ______Yes_____No
Status:   Active           Status Date:     12/3/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    VINCENT JOHN CRISPINO, JR.    __________________
Location: ARIZONA WESTERN COLLEGE       __________________
          2020 S AVENUE 8E              __________________
          YUMA, AZ 85365                __________________
Business Phone:     (928)344-7575       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160534

JASON BARCLAY MORRIS
GERMAN DOBSON CVS LLC
CVS/PHARMACY #10028
2525 E ARIZONA BILTMORE CIR #A-212
PHOENIX AZ 85016

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09144000         Renew? ______Yes_____No
Status:   Active           Status Date:     3/13/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JASON BARCLAY MORRIS          ___________________
Location: CVS/PHARMACY #10028           ___________________
          11464 S FORTUNA RD            ___________________
          YUMA, AZ 85367                ___________________
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

RG160535

H J LEWKOWITZ
CHIPOTLE MEXICAN GRILL INC
CHIPOTLE MEXICAN GRILL #1897
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 12083470 Renew? _____Yes_____No
Status: Active Status Date: 11/9/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: H J LEWKOWITZ _____
Location: CHIPOTLE MEXICAN GRILL #1897 _____
55 S LAKE HAVASU AVE STE M _____
LAKE HAVASU CITY, AZ 86403 _____
Business Phone: _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

License# 12083483 Renew? _____Yes_____No
Status: Active Status Date: 6/6/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: H J LEWKOWITZ _____
Location: CHIPOTLE MEXICAN GRILL #2042 _____
3455 STOCKTON HILL RD _____
KINGMAN, AZ 86409 _____
Business Phone: (928)757-2610 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

License# 12143180 Renew? _____Yes_____No
Status: Active Status Date: 5/3/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: H J LEWKOWITZ _____
Location: CHIPOTLE MEXICAN GRILL #1662 _____
1525 S YUMA PALMS PKWY STE 101 _____
YUMA, AZ 85365 _____
Business Phone: (928)783-3044 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160536

DENNIS LEE WESTERGREEN
IRON HORSE GRILL LLC
IRON HORSE GRILL
P O BOX 421
SALOME AZ 85348

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12153083         Renew? ______Yes_____No
Status:   Active           Status Date:     12/13/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DENNIS LEE WESTERGREEN        _________________
Location: IRON HORSE GRILL              _________________
          64638 HWY 60 UNIT #6          _________________
          SALOME, AZ 85348              _________________
Business Phone:     (928)859-4092       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160537

PHILIP ANDREW RUSS
RUSSTAURANT INC
MONTANA STEAK HOUSE
2040 JAMAICA BLVD SOUTH
LAKE HAVASU CITY AZ 86406

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083434         Renew? ______Yes_____No
Status:   Active           Status Date:     2/16/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PHILIP ANDREW RUSS            ___________________
Location: MONTANA STEAK HOUSE           ___________________
          3301 MARICOPA AVE             ___________________
          LAKE HAVASU CITY, AZ 86406    ___________________
Business Phone:     (928)855-3736       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160538

ROBERT E WHEATON
JB'S STAR HOLDINGS INC
JB'S RESTAURANT #373
2501 N HAYDEN RD STE 103
SCOTTSDALE AZ 85257

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083547         Renew? ______Yes_____No
Status:   Active           Status Date:     2/2/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT E WHEATON              _________________
Location: JB'S RESTAURANT #373          _________________
          2940 E ANDY DEVINE AVE        _________________
          KINGMAN, AZ 86401             _________________
Business Phone:     (928)753-2499       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160539

JOHN HOWARD MIHELICH
JA JOHNNY'S LLC
JA JOHNNY'S
9100 LAKEVIEW DR
PARKER AZ 85344

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12153085         Renew? ______Yes_____No
Status:   Active           Status Date:     5/29/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN HOWARD MIHELICH          _________________
Location: JA JOHNNY'S                   _________________
          9134 RIVERSIDE DR             _________________
          PARKER, AZ 85344              _________________
Business Phone:     (928)667-5952       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160540

GABRIELA DUARTE PENALOZA
MI TIERRA MEXICAN FOOD
14998 1ST AVE
PARKER AZ 85344

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12153090         Renew? ______Yes_____No
Status:   Active           Status Date:     4/12/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: MI TIERRA MEXICAN FOOD        _________________
          10230 RIVERSIDE DR            _________________
          PARKER, AZ 85344              _________________
Business Phone:     (928)667-5954       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160541

STEVEN RICHARD PARRISH
PARRISH'S BAR & GRILL LLC
PARRISH'S BAR & GRILL
11763 E VIA CANADA
YUMA AZ 85367

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06140046         Renew? ______Yes_____No
Status:   Inactive         Status Date:     6/20/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    STEVEN RICHARD PARRISH        ___________________
Location: PARRISH'S BAR & GRILL         ___________________
          11732 S FORTUNA RD            ___________________
          YUMA, AZ 85367                ___________________
Business Phone:     (928)305-6300       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160542

RANDY D NATIONS
PETROLEUM WHOLESALE LP
SUNMART 640
P O BOX 2502
CHANDLER AZ 85224

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10153033         Renew? ______Yes_____No
Status:   Active           Status Date:     7/25/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: SUNMART 640                   ___________________
          I-10 AT EXIT 5 ON TOM WELLS RD   ___________________
          EHRENBERG, AZ 85334           ___________________
Business Phone:     (928)927-5558       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160543

GURVINDER SINGH AUJLA
GURUDEV LLC
ARCO AM/PM MINI MART #5601
3159 W BUCKEYE RD
PHOENIX AZ 85009

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083184         Renew? ______Yes_____No
Status:   Active           Status Date:     6/9/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GURVINDER SINGH AUJLA         ___________________
Location: ARCO AM/PM MINI MART #5601    ___________________
          2198 HWY 95                   ___________________
          BULLHEAD CITY, AZ 86430       ___________________
Business Phone:     (928)758-2994       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160544

ANDREW FRANCIS COSTANZA
VINTAGE SOCIAL CLUB LLC
VINTAGE SOCIAL CLUB
2891 A S PACIFIC AVE
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06140019         Renew? ______Yes_____No
Status:   Active           Status Date:     2/24/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREW FRANCIS COSTANZA       ___________________
Location: VINTAGE SOCIAL CLUB           ___________________
          2891 A S PACIFIC AVE          ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)750-2807       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160545

H J LEWKOWITZ
ENCORE HOME OF HATS OFF THEATRE LLC
ENCORE HOME OF HATS-OFF THEATRE
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06080022         Renew? ______Yes_____No
Status:   Inactive         Status Date:     7/30/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 _________________
Location: ENCORE HOME OF HATS-OFF THEATRE_________________
          881 HANCOCK RD                _________________
          BULLHEAD CITY, AZ 86430       _________________
Business Phone:     (928)758-9787       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160546

CARLA P POOLE
WOODY'S II CONVENIENCE MARKET
P O BOX 322
PARKER AZ 85344

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10150004         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: WOODY'S II CONVENIENCE MARKET ___________________
          23505 MOHAVE RD               ___________________
          POSTON, AZ 85371              ___________________
Business Phone:     (928)662-4801       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160547

STEVE JAMES VAN ELLA
RED ONION BREAKFAST AND LUNCH
2013 N MCCULLOCH BLVD
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083388         Renew? ______Yes_____No
Status:   Active           Status Date:     8/10/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: RED ONION BREAKFAST AND LUNCH ___________________
          2013 N MC CULLOCH BLVD        ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)505-0302       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160548

MELISSA RENEE ROBB
V F W #3516
V F W #3516
2826 WIKIEUP AVE
KINGMAN AZ 86401

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14080020         Renew? ______Yes_____No
Status:   Active           Status Date:     8/4/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MELISSA RENEE ROBB            _________________
Location: V F W #3516                   _________________
          2826 WIKIEUP AVE              _________________
          KINGMAN, AZ 86401             _________________
Business Phone:     (928)753-3040       __________

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

RG160549

KARYN RENEE PHILLIPS
HYDRANT LLC
RIVER DOG GRILL
2046 HWY 95
BULLHEAD CITY AZ 86442

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083115         Renew? ______Yes_____No
Status:   Active           Status Date:     8/6/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KARYN RENEE PHILLIPS          _________________
Location: RIVER DOG GRILL               _________________
          2046 HWY 95                   _________________
          BULLHEAD CITY, AZ 86442       _________________
Business Phone:     (928)704-3644       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160550

JAMES STEPHEN THEODOREDIS
BEARDED GENTLEMAN PUB & GRILL INC
BEARDED GENTLEMAN PUB & GRILL
1885 HWY 95
BULLHEAD CITY AZ 86442

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083518         Renew? ______Yes_____No
Status:   Active           Status Date:     8/11/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES STEPHEN THEODOREDIS     ___________________
Location: BEARDED GENTLEMAN PUB & GRILL ___________________
          1884 HWY 95                   ___________________
          BULLHEAD CITY, AZ 86442       ___________________
Business Phone:     (928)758-6018       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160551

LAUREN KAY MERRETT
TEXAS ROADHOUSE HOLDINGS LLC
TEXAS ROADHOUSE
736 S LONGMORE ST
CHANDLER AZ 85224

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143082         Renew? ______Yes_____No
Status:   Active           Status Date:     5/4/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LAUREN KAY MERRETT            ___________________
Location: TEXAS ROADHOUSE               ___________________
          594 E 16TH ST                 ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)329-7427       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160552

ELIZABETH A JUSICK
BABALOO LOUNGE LLC
BABALOO LOUNGE
2800 MCCULLOCH AVE STE 5A
LAKE HAVASU CITY AZ 85403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083525         Renew? ______Yes_____No
Status:   Active           Status Date:     8/4/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ELIZABETH A JUSICK            ___________________
Location: BABALOO LOUNGE                ___________________
          357 S LAKE HAVASU AVE         ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)855-2566       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160553

JULIE ANNE PETERSON
SONORAN BARBEQUE LLC
FAMOUS DAVE'S
3514 N POWER RD #121
MESA AZ 85215

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143117         Renew? ______Yes_____No
Status:   Active           Status Date:     3/2/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JULIE ANNE PETERSON           ___________________
Location: FAMOUS DAVE'S                 ___________________
          1501 S YUMA PALMS PKWY        ___________________
          YUMA, AZ 85365                ___________________
Business Phone:     (928)329-7600       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160554

GINA CHARUPOOM
HOUSE OF SIAM RESTAURANT
608 HANCOCK
BULLHEAD CITY AZ 86442

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083355         Renew? ______Yes_____No
Status:   Active           Status Date:     8/25/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: HOUSE OF SIAM RESTAURANT      _________________
          608 HANCOCK RD                _________________
          BULLHEAD CITY, AZ 86442       _________________
Business Phone:     (928)758-9333       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160555

TIMOTHY LAWRENCE SHUGRUE
MALUNA O KA PAO LLC
JAVELINA CANTINA
1420 MCCULLOUGH BLVD STE 126
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083227         Renew? ______Yes_____No
Status:   Active           Status Date:     8/1/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TIMOTHY LAWRENCE SHUGRUE      ___________________
Location: JAVELINA CANTINA              ___________________
          1420 MCCULLOCH BLVD STE 126   ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)855-8226       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160556

DARRELL EARNEST WEAVER
LIONS CLUB OF SALOME
LIONS CLUB OF SALOME
P O BOX 597
SALOME AZ 85348

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07150017         Renew? ______Yes_____No
Status:   Active           Status Date:     7/13/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DARRELL EARNEST WEAVER        ___________________
Location: LIONS CLUB OF SALOME          ___________________
          66520 HALL ST                 ___________________
          SALOME, AZ 85348              ___________________
Business Phone:     (928)859-4621       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160557

MICHAEL LYNN COCKLE
DAV #11
DAV #11
954 S 13TH AVE
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14143001         Renew? ______Yes_____No
Status:   Active           Status Date:     8/12/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL LYNN COCKLE           ___________________
Location: DAV #11                       ___________________
          954 S 13TH AVE                ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)783-6661       __________

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

RG160558

JOSEPH OVIDIO CIPOLLINI
SMART & FINAL STORES LLC
SMART & FINAL #497
600 CITADEL DR
ATTN: DEEANN CATLIN
COMMERCE CA 90040

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09143001         Renew? ______Yes_____No
Status:   Active           Status Date:     2/19/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOSEPH OVIDIO CIPOLLINI       ___________________
Location: SMART & FINAL #497            ___________________
          276 E 16TH ST                 ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)329-9985       __________

Renewal Fees:
     License Renewal:                   50.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00

-------------------------------------------------------------------------------
License#  10083223         Renew? ______Yes_____No
Status:   Active           Status Date:     2/23/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOSEPH OVIDIO CIPOLLINI       ___________________
Location: SMART & FINAL #462            ___________________
          2561 HWY 95                   ___________________
          BULLHEAD CITY, AZ 86430       ___________________
Business Phone:     (520)758-1505       __________

Renewal Fees:
     License Renewal:                   50.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

RG160559

TERESA LEI JACK
MOHAVE COUNTY
MOHAVE COUNTY FAIRGROUNDS
2600 FAIRGROUNDS BLVD
KINGMAN AZ 86401

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  05080001         Renew? ______Yes_____No
Status:   Active           Status Date:     8/2/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TERESA LEI JACK               ___________________
Location: MOHAVE COUNTY FAIRGROUNDS     ___________________
          LOS ANGELES ST                ___________________
          KINGMAN, AZ 86401             ___________________
Business Phone:     (928)753-2636       __________

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

RG160560

DENNIS EDWARD OWENS, JR.
D & T OWENS LLC
LITTLE BROWN JUG
2915 E ANDY DEVINE
KINGMAN AZ 86401

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09080002         Renew? ______Yes_____No
Status:   Active           Status Date:     10/30/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DENNIS EDWARD OWENS, JR.      ___________________
Location: LITTLE BROWN JUG              ___________________
          2915 E ANDY DEVINE            ___________________
          KINGMAN, AZ 86401             ___________________
Business Phone:     (928)753-5485       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160561

CARMEN MARIE BRADLEY
KAIBAB BAND OF PAIUTE INDIANS
KAIBAB RED CLIFFS MART
HC 65 BOX 4
ATTN SHIRLA
PIPE SPRINGS AZ 86022

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083058         Renew? ______Yes_____No
Status:   Active           Status Date:     8/2/2000
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CARMEN MARIE BRADLEY          ___________________
Location: KAIBAB RED CLIFFS MART        ___________________
          2 N PIPE SPRINGS RD           ___________________
          PIPE SPRINGS, AZ 86022        ___________________
Business Phone:     (928)643-6040       __________

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
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160562

GARY CURTIS LACOUTURE
COPA INC
Q CHECK MARKET
1900 E HOBSON WAY
BLYTHE CA 92225

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09150007         Renew? ______Yes_____No
Status:   Active           Status Date:     8/25/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GARY CURTIS LACOUTURE         ___________________
Location: Q CHECK MARKET                ___________________
          26 N MAIN ST                  ___________________
          QUARTZSITE, AZ 85346          ___________________
Business Phone:     (928)927-5642       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160563

SHAN LEE LEWIS
FORT MOJAVE INDIAN TRIBE
SPIRIT MOUNTAIN CASINO
500 MERRIMAN AVE
NEEDLES CA 92363

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 06080031 Renew? _____Yes_____No
Status: Active Status Date: 7/31/2006
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: SHAN LEE LEWIS _____
Location: SPIRIT MOUNTAIN CASINO _____
8555 S HWY 95 _____
MOHAVE VALLEY, AZ 86440 _____
Business Phone: (928)346-2000 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 06081000 Renew? _____Yes_____No
Status: Active Status Date: 3/7/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: SHAN LEE LEWIS _____
Location: MOJAVE CROSSING CASINO EVENT CENTER_____
101 AZTEC RD _____
FORT MOHAVE, AZ 86427 _____
Business Phone: (928)330-2505 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 07080056 Renew? _____Yes_____No
Status: Active Status Date: 12/10/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: SHAN LEE LEWIS _____
Location: HUUKAN GOLF CLUB _____
5835 DESERT LAKES DR _____
FORT MOHAVE, AZ 86426 _____
Business Phone: (928)768-1000 _____

Renewal Fees:

License Renewal:	75.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	175.00

License# 12083492 Renew? _____Yes_____No
Status: Active Status Date: 12/10/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: SHAN LEE LEWIS _____
Location: HUUKAN GOLF CLUB _____
5835 DESERT LAKES DR _____
FORT MOHAVE, AZ 86426 _____
Business Phone: (928)768-1000 _____

% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160564

MICHAEL D BROUSSARD
MICKEY B'S INC
MICKEY B'S
12554 DEL NORTE
YUMA AZ 85367

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06140047         Renew? ______Yes_____No
Status:   Active           Status Date:     1/26/1990
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL D BROUSSARD           ___________________
Location: MICKEY B'S                    ___________________
          12635 E S FRONTAGE RD         ___________________
          YUMA, AZ 85365                ___________________
Business Phone:     (928)342-5285       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160565

RICHARD HERNANDEZ
FOE #398
FOE #398
225 S 1ST AVE
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14140006         Renew? ______Yes_____No
Status:   Active           Status Date:     8/12/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RICHARD  HERNANDEZ            ___________________
Location: FOE #398                      ___________________
          225 1ST AVE                   ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (520)783-6103       __________

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

RG160566

JOSEPH ALFRED MEMMOTT
V F W #10726
V F W #10726
8889 RIVERSIDE DR
PARKER AZ 85344

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14151001         Renew? ______Yes_____No
Status:   Active           Status Date:     8/7/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOSEPH ALFRED MEMMOTT         ___________________
Location: V F W #10726                  ___________________
          8889 RIVERSIDE DR             ___________________
          PARKER, AZ 85344              ___________________
Business Phone:     (928)667-4200       __________

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

RG160567

JOHN CLINTON GRAVES
COAST IN GAS LLC
COAST IN GAS
P O BOX 6282
KINGMAN AZ 86402

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083287         Renew? ______Yes_____No
Status:   Active           Status Date:     5/30/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN CLINTON GRAVES           ___________________
Location: COAST IN GAS                  ___________________
          7090 HWY 68                   ___________________
          GOLDEN VALLEY, AZ 86413       ___________________
Business Phone:     (928)565-2821       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160568

RANDY D NATIONS
FARLEY'S MARKET OF YUMA LLC
FARLEY'S MARKET
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10143176         Renew? ______Yes_____No
Status:   Active           Status Date:     1/28/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: FARLEY'S MARKET               ___________________
          1110 S CASTLE DOME AVE        ___________________
          YUMA, AZ 85365                ___________________
Business Phone:     (928)919-7178       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160569

AMY SONG
MM YUMA LLC
HAWAIIAN BBQ
1325 S YUMA PALMS PKWY #2
YUMA AZ 85365

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 12143208 Renew? _____Yes_____No
Status: Active Status Date: 10/20/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: AMY SONG _____
Location: HAWAIIAN BBQ _____
1325 S YUMA PALMS PKWY #2 _____
YUMA, AZ 85365 _____
Business Phone: (928)782-9898 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160570

CARMEN MARGARITA SALCIDO
FACTOR SALES INC
DEL SOL MARKET #7
P O BOX 7230
SAN LUIS AZ 85349

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 09140001 Renew? _____Yes_____No
Status: Active Status Date: 8/3/1999
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CARMEN MARGARITA SALCIDO _____
Location: DEL SOL MARKET #7 _____
415 W MAIN ST _____
SOMERTON, AZ 85350 _____
Business Phone: (928)627-3513 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09140034 Renew? _____Yes_____No
Status: Active Status Date: 11/14/2002
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CARMEN MARGARITA SALCIDO _____
Location: DEL SOL MARKET #11 _____
367 W 16TH ST _____
YUMA, AZ 85364 _____
Business Phone: (928)343-9595 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09140037 Renew? _____Yes_____No
Status: Active Status Date: 3/22/1999
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CARMEN MARGARITA SALCIDO _____
Location: DEL SOL _____
29855 LOS ANGELES AVE _____
WELLTON, AZ 85356 _____
Business Phone: (928)785-9020 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09140045 Renew? _____Yes_____No
Status: Active Status Date: 4/22/1998
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CARMEN MARGARITA SALCIDO _____
Location: DEL SOL ACE _____
656 SAN LUIS PLAZA DR _____
SAN LUIS, AZ 85349 _____
Business Phone: (928)627-9404 _____

Renewal Fees:
License Renewal: 50.00

ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09140049 Renew? _____Yes_____No
Status: Active Status Date: 10/4/1994
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CARMEN MARGARITA SALCIDO _____
Location: DEL SOL #4 _____
280 S 4TH AVE _____
YUMA, AZ 85364 _____
Business Phone: (928)782-2597 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10140037 Renew? _____Yes_____No
Status: Active Status Date: 3/31/1988
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CARMEN MARGARITA SALCIDO _____
Location: FACTOR WAREHOUSE _____
553 MAIN ST _____
SAN LUIS, AZ 85349 _____
Business Phone: (928)627-8839 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10140038 Renew? _____Yes_____No
Status: Active Status Date: 11/19/1987
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CARMEN MARGARITA SALCIDO _____
Location: KING MARKET _____
654 MAIN ST _____
SAN LUIS, AZ 85349 _____
Business Phone: (928)627-2891 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10140065 Renew? _____Yes_____No
Status: Inactive Status Date: 4/22/2016
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CARMEN MARGARITA SALCIDO _____
Location: KING MARKET #2 _____
141 W MAIN ST _____
SOMERTON, AZ 85350 _____
Business Phone: (928)627-3748 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00

```
     Total:                            120.00

--------------------------------------------------------------------------------
License#  10143131         Renew? ______Yes_____No
Status:   Active           Status Date:     12/27/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CARMEN MARGARITA SALCIDO      ___________________
Location: DEL SOL #12                   ___________________
          1930 JUAN SANCHEZ BLVD        ___________________
          SAN LUIS, AZ 85349            ___________________
Business Phone:     (928)627-2314       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160571

MICHAEL JACE FIELD
YOSEMITE SALES AND MARKETING LLC
GRUBSTAKE
7756 E 3RD STREET
SCOTTSDALE AZ 85251

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07150004         Renew? ______Yes_____No
Status:   Active           Status Date:     11/8/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL JACE FIELD            _________________
Location: GRUBSTAKE                     _________________
          725  N CENTRAL                _________________
          QUARTZSITE, AZ 85346          _________________
Business Phone:     (928)927-4485       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00

-------------------------------------------------------------------------------
License#  12153029         Renew? ______Yes_____No
Status:   Active           Status Date:     11/8/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL JACE FIELD            _________________
Location: GRUBSTAKE                     _________________
          725  N CENTRAL                _________________
          QUARTZSITE, AZ 85346          _________________
Business Phone:     (928)927-4485       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                   500.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             20.00
     Total:                             585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160572

RANDY D NATIONS
MOHAVE VALLEY GOLF LLC
MOHAVE VALLEY GOLF
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06080017         Renew? ______Yes_____No
Status:   Active           Status Date:     5/21/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: MOHAVE VALLEY GOLF            ___________________
          1 PASEO EL RIO                ___________________
          MOHAVE VALLEY, AZ 86440       ___________________
Business Phone:     (928)768-3574       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160573

BRUCE ALLEN KLIPPENSTEIN
BLUES N BBQ'S LLC
BLUES N BBQ'S
P O BOX 38284
PHOENIX AZ 85069

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/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#  12083548         Renew? ______Yes_____No
Status:   Active           Status Date:     5/11/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BRUCE ALLEN KLIPPENSTEIN      ___________________
Location: BLUES N BBQ'S                 ___________________
          17809 S HWY 93                ___________________
          WIKIEUP, AZ 85360             ___________________
Business Phone:     (928)765-7769       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160574

TIMOTHY LAWRENCE SHUGRUE
RIMCA LLC
TAVERN 95
3453 MARICOPA AVE
LAKE HAVASU CITY AZ 86406

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06080035         Renew? ______Yes_____No
Status:   Active           Status Date:     3/18/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TIMOTHY LAWRENCE SHUGRUE      ___________________
Location: TAVERN 95                     ___________________
          3453 MARICOPA AVE             ___________________
          LAKE HAVASU CITY, AZ 86406    ___________________
Business Phone:     (928)566-4869       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160575

ROBERT FRANK KEC
WESTERN STATES PETROLEUM INC
HOPE SHELL
450 S 15TH AVE
PHOENIX AZ 85007

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10153059         Renew? ______Yes_____No
Status:   Active           Status Date:     11/5/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT FRANK KEC              ___________________
Location: HOPE SHELL                    ___________________
          60655 E HWY 60                ___________________
          SALOME, AZ 85348              ___________________
Business Phone:     (928)859-3003       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160576

CHARLES LEON GREGORY, III
VFW #8242
V F W #8242
7120 S HWY 95 STAR RT #4
YUMA AZ 85365-1301

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14143000         Renew? ______Yes_____No
Status:   Active           Status Date:     8/1/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHARLES LEON GREGORY, III     ___________________
Location: V F W #8242                   ___________________
          7120 S HWY 95 STAR RT 4       ___________________
          YUMA, AZ 85365                ___________________
Business Phone:     (928)341-1522       __________

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

RG160577

JUN SHAO
SAKURA SUSHI & GRILL INC
SAKURA SUSHI & GRILL
3505 STOCKTON HILL RD
KINGMAN AZ 86401

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 12083460 Renew? _____Yes_____No
Status: Active Status Date: 4/13/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JUN SHAO _____
Location: SAKURA SUSHI & GRILL _____
3505 STOCKTON HILL RD _____
KINGMAN, AZ 86401 _____
Business Phone: (928)681-8298 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160578

VICTORIA FIGUEROA
SHABILLA INC
QUALITY MARKET
P O BOX 9522
SAN LUIS AZ 85349

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10143121         Renew? ______Yes_____No
Status:   Active           Status Date:     8/20/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    VICTORIA  FIGUEROA            ___________________
Location: QUALITY MARKET                ___________________
          1485 N MAIN ST                ___________________
          SAN LUIS, AZ 85349            ___________________
Business Phone:     (928)627-5255       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160579

JOHN FRANKLIN GILBERT
MOHAVE SHRINE CLUB
MOHAVE SHRINE CLUB
2580 MIRACLE MILE
BULLHEAD CITY AZ 86442

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14080010         Renew? ______Yes_____No
Status:   Active           Status Date:     8/18/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN FRANKLIN GILBERT         ___________________
Location: MOHAVE SHRINE CLUB            ___________________
          2580 MIRACLE MILE             ___________________
          BULLHEAD CITY, AZ 86442       ___________________
Business Phone:     (928)758-5113       __________

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

RG160580

TODD ALLEN MATTERN
WHISKEY ROAD SALOON INC
WHISKEY ROAD SALOON
3780 S 4TH AVE
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06140032         Renew? ______Yes_____No
Status:   Pending          Status Date:     4/26/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TODD ALLEN MATTERN            ___________________
Location: WHISKEY ROAD SALOON           ___________________
          3780 S 4TH AVE #E             ___________________
          YUMA, AZ 85365                ___________________
Business Phone:     (928)276-9718       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160581

CRAIG ALLEN BOUCHARD
RINK CONCESSIONS LP
RINK
2839 SIDEWHEEL DR
BULLHEAD CITY AZ 86429

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07083000         Renew? ______Yes_____No
Status:   Active           Status Date:     2/25/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CRAIG ALLEN BOUCHARD          ___________________
Location: RINK                          ___________________
          2350 MIRACLE MILE STE 400     ___________________
          BULLHEAD CITY, AZ 86442       ___________________
Business Phone:     (702)708-9940       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160582

TAMARA SUE PRAY
DESERT MARTINI & TAVERN CORPORATION
DESERT MARTINI
2120 MCCULLOCH BLVD
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07080032         Renew? ______Yes_____No
Status:   Active           Status Date:     11/22/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TAMARA SUE PRAY               ___________________
Location: DESERT MARTINI                ___________________
          2120 MCCULLOCH BLVD           ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)855-1818       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160583

MICHAEL RAY SHELHAMER
OLD TOWN WINE CELLAR LLC
OLD TOWN WINE CELLAR
265 S MAIN ST ST #E
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07140003 Renew? _____Yes_____No
Status: Active Status Date: 8/26/2003
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MICHAEL RAY SHELHAMER _____
Location: OLD TOWN WINE CELLAR _____
265 S MAIN ST # E _____
YUMA, AZ 85364 _____
Business Phone: (928)373-0405 _____

Renewal Fees:

License Renewal:	75.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	175.00

License# 10143130 Renew? _____Yes_____No
Status: Active Status Date: 12/13/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MICHAEL RAY SHELHAMER _____
Location: OLD TOWN WINE CELLAR _____
265 S MAIN ST # E _____
YUMA, AZ 85364 _____
Business Phone: (928)373-0405 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160584

REGAN JAY ROSS
ROOKIES LLC
SCHLOTZSKY'S
PO BOX 357
LAKE HAVASU CITY AZ 86405

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083318         Renew? ______Yes_____No
Status:   Active           Status Date:     8/5/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    REGAN JAY ROSS                _________________
Location: SCHLOTZSKY'S                  _________________
          2144 MCCULLOCH BLVD           _________________
          LAKE HAVASU CITY, AZ 86403    _________________
Business Phone:     (928)854-2144       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160585

RANDY D NATIONS
GRAND CANYON TRAVEL CENTER LLC
GRAND CANYON TRAVEL CENTER
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083272         Renew? ______Yes_____No
Status:   Active           Status Date:     8/6/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: GRAND CANYON TRAVEL CENTER    ___________________
          19985 N US HWY 93             ___________________
          WHITE HILLS, AZ 86445         ___________________
Business Phone:     (928)767-3131       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160586

SURBJIT SINGH DHALIWAL
BARGAIN BROTHERS INC
CRAZY FRED'S TRUCK STOP
P O BOX 4500
KINGMAN AZ 86402

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083126         Renew? ______Yes_____No
Status:   Active           Status Date:     8/6/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SURBJIT SINGH DHALIWAL        ___________________
Location: CRAZY FRED'S TRUCK STOP       ___________________
          I 40 EXIT 44 TWO MILES W OF KINGMAN   ___________________
          KINGMAN, AZ 86402             ___________________
Business Phone:     (928)753-3834       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160587

EMMANUEL ZAMUDIO RAMIREZ
TACOS EL ZAMY LLC
TACOS EL ZAMY
1664 E ALCAZAR WAY
FORT MOHAVE AZ 86426

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083514         Renew? ______Yes_____No
Status:   Active           Status Date:     12/9/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    EMMANUEL  ZAMUDIO RAMIREZ     ___________________
Location: TACOS EL ZAMY                 ___________________
          742 HANCOCK RD                ___________________
          BULLHEAD CITY, AZ 86442       ___________________
Business Phone:     (702)510-7880       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160588

JOHN PAUL GRANTHAM
CHILI CHARLIE$ LLC
CHILI CHARLIE'S
6240 RIO LINDO SHORES DR
PARKER AZ 85344

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083499         Renew? ______Yes_____No
Status:   Active           Status Date:     9/8/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN PAUL GRANTHAM            ___________________
Location: CHILI CHARLIE'S               ___________________
          790 N LAKE HAVASU AVE #25     ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)453-5055       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160589

HENRY CARROLL SHEEHY, IV
LONDON BRIDGE RESORT LLC
LONDON BRIDGE RESORT
1477 QUEENS BAY
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 06080004 Renew? _____Yes_____No
Status: Active Status Date: 1/29/2004
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: HENRY CARROLL SHEEHY, IV _____
Location: LONDON BRIDGE RESORT _____
1477 QUEENS BAY _____
LAKE HAVASU CITY, AZ 86403 _____
Business Phone: (928)855-0888 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 06084000 Renew? _____Yes_____No
Status: Active Status Date: 1/17/2008
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: HENRY CARROLL SHEEHY, IV _____
Location: LONDON BRIDGE RESORT (SPLASH GRILL)_____
1477 QUEENS BAY #301 _____
LAKE HAVASU CITY, AZ 86403 _____
Business Phone: (928)855-0888 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 10083139 Renew? _____Yes_____No
Status: Active Status Date: 1/29/2004
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: HENRY CARROLL SHEEHY, IV _____
Location: LONDON BRIDGE RESORT _____
1477 QUEENS BAY _____
LAKE HAVASU CITY, AZ 86403 _____
Business Phone: (928)855-0888 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160590

ANDREA DAHLMAN LEWKOWITZ
KESARI HOSPITALITY LLC
HILTON GARDEN INN YUMA
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  11143012         Renew? ______Yes_____No
Status:   Active           Status Date:     4/27/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      _________________
Location: HILTON GARDEN INN YUMA        _________________
          310 N MADISON AVE             _________________
          YUMA, AZ 85364                _________________
Business Phone:     (928)785-1855       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            555.00

-------------------------------------------------------------------------------
License#  12143219         Renew? ______Yes_____No
Status:   Active           Status Date:     4/27/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      _________________
Location: PIVOT POINT CONFERENCE CENTER _________________
          200 N MADISON AVE             _________________
          YUMA, AZ 85364                _________________
Business Phone:     (928)785-1855       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160591

GURJEET SINGH SEKHON
GOLDEN VALLEY GAS & FOOD MART LLC
GOLDEN VALLEY GAS & FOOD MART
5405 HWY 68
GOLDEN VALLEY AZ 86413

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09085002         Renew? ______Yes_____No
Status:   Active           Status Date:     7/24/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GURJEET SINGH SEKHON          ___________________
Location: GOLDEN VALLEY GAS & FOOD MART ___________________
          5405 HWY 68                   ___________________
          GOLDEN VALLEY, AZ 86413       ___________________
Business Phone:     (928)565-2333       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  10083195         Renew? ______Yes_____No
Status:   Active           Status Date:     2/14/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GURJEET SINGH SEKHON          ___________________
Location: KING MART                     ___________________
          6775 HWY 68                   ___________________
          GOLDEN VALLEY, AZ 86413       ___________________
Business Phone:     (928)565-9000       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

RG160592

RANDALL ANTHONY LEONARD
BLUE BARON LLC
BLUE BARON BISTRO
P O BOX 3682
LAKE HAVASU CITY AZ 86405

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083511         Renew? ______Yes_____No
Status:   Active           Status Date:     8/12/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDALL ANTHONY LEONARD       ___________________
Location: BLUE BARON BISTRO             ___________________
          5600 N HWY 95 #6              ___________________
          LAKE HAVASU CITY, AZ 86404    ___________________
Business Phone:     (928)487-7467       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160593

JERON B BOEMER
COMPLEX INVESTMENTS LLC
DOG HAUS
14772 AVE 4 1/4 E
YUMA AZ 85365

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12143209         Renew? ______Yes_____No
Status:   Active           Status Date:     10/20/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JERON B BOEMER                _________________
Location: DOG HAUS                      _________________
          1651 S 4TH AVE #B1            _________________
          YUMA, AZ 85364                _________________
Business Phone:     (928)246-1154       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160594

SCOTT ALAN STOCKING
MUDSHARK PIZZA & PASTA
P O BOX 3300
LAKE HAVASU CITY AZ 86405

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12081100         Renew? ______Yes_____No
Status:   Active           Status Date:     8/4/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: MUDSHARK PIZZA & PASTA        _________________
          1625 MESQUITE AVE             _________________
          LAKE HAVASU CITY, AZ 86403    _________________
Business Phone:     (928)680-4555       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160595

DENNIS M LINDGREN
KRYSTAL'S FINE DINING INC
KRYSTAL'S
460 EL CAMINO WAY
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12080042         Renew? ______Yes_____No
Status:   Active           Status Date:     3/18/1988
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DENNIS M LINDGREN             ___________________
Location: KRYSTAL'S                     ___________________
          460 EL CAMINO WAY             ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)453-2999       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160596

TIMOTHY LAWRENCE SHUGRUE
EVERYTHINGS COUNTRY LLC
FLYING X SALOON
2030 MCCULLOCH BLVD
LAKE HAVASU CITY AZ 86406

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06080009         Renew? ______Yes_____No
Status:   Active           Status Date:     6/4/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TIMOTHY LAWRENCE SHUGRUE      ___________________
Location: FLYING X SALOON               ___________________
          2030 MCCULLOCH BLVD           ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)854-3599       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160597

BRENDA MARIE WALLACE
BHR ENTERTAINMENT LLC
RIVIERA ROADHOUSE
774 RIDGE RUN CIR
BULLHEAD CITY AZ 86429

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06080023         Renew? ______Yes_____No
Status:   Active           Status Date:     1/10/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BRENDA MARIE WALLACE          _________________
Location: RIVIERA ROADHOUSE             _________________
          2011 COMMERCIAL WAY #3        _________________
          BULLHEAD CITY, AZ 86442       _________________
Business Phone:     (928)763-4101       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160598

NICHOLAS CARL GUTTILLA
ALBERTSON'S LLC
ALBERTSON'S #3204
P O BOX 20
ATTN TAX DEPT
BOISE ID 83726

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 09080024 Renew? _____Yes_____No
Status: Active Status Date: 5/6/2016
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: ALBERTSON'S #3204 _____
1980 MCCULLOCH BLVD _____
LAKE HAVASU CITY, AZ 86403 _____
Business Phone: (928)854-5300 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 09140040 Renew? _____Yes_____No
Status: Active Status Date: 8/1/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: ALBERTSON'S #931 _____
2378 W 24TH ST _____
YUMA, AZ 85364 _____
Business Phone: (928)343-2330 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 09140047 Renew? _____Yes_____No
Status: Active Status Date: 8/1/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NICHOLAS CARL GUTTILLA _____
Location: ALBERTSON'S #951 _____
252 W 32ND ST _____
YUMA, AZ 85364 _____
Business Phone: (928)726-9500 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____

Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____

(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____

Month Year

My commission expires on: _____

_____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160599

AUDREY FAWN HOYT
LAKE HAVASU CITY HOTEL PARNTERS LLC
QUALITY INN & SUITES
271 S LAKE HAVASU AVE
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083178         Renew? ______Yes_____No
Status:   Active           Status Date:     8/4/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    AUDREY FAWN HOYT              ___________________
Location: QUALITY INN & SUITES          ___________________
          271 S LAKE HAVASU AVE         ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)855-1111       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160600

SUC-SOAN TRAN
BIG MARKET
P.O. BOX 4444
QUARTZSITE AZ 85359

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09150008         Renew? ______Yes_____No
Status:   Active           Status Date:     8/4/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: BIG MARKET                    ___________________
          MAIN ST NEXT TO P O ANNEX     ___________________
          QUARTZSITE, AZ 85359          ___________________
Business Phone:     (520)927-5432       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160601

NORMAN CLIFFORD TURLEY
SUNDANCE RESORT LLC
SUNDANCE SALOON
5930 RIVERSIDE DR
PARKER AZ 85344

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06150016         Renew? ______Yes_____No
Status:   Active           Status Date:     5/23/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NORMAN CLIFFORD TURLEY        ___________________
Location: SUNDANCE SALOON               ___________________
          5920 RIVERSIDE DR             ___________________
          PARKER, AZ 85344              ___________________
Business Phone:     (928)667-2200       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160602

RHONDA MARIE PELTIER
A & C MERCANTILE
P O BOX 253
BOUSE AZ 85325

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10153062         Renew? ______Yes_____No
Status:   Active           Status Date:     10/28/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: A & C MERCANTILE              _________________
          27750 S HWY 72                _________________
          BOUSE, AZ 85325               _________________
Business Phone:     (928)851-2229       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160603

NICHOLAS L DE FELICE
DE FELICE NICHOLAS ET AL
PAPA LEONE'S PIZZA
304 ENGLISH VILLIAGE
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07080041         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NICHOLAS L DE FELICE          ___________________
Location: PAPA LEONE'S PIZZA            ___________________
          1510 MCCULLOCH BLVD #304      ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)453-5200       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160604

RENATE RAMBO
RED'S BIRD CAGE
231 MAIN ST
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06140037         Renew? ______Yes_____No
Status:   Active           Status Date:     8/3/1999
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: RED'S BIRD CAGE               _________________
          231 MAIN ST                   _________________
          YUMA, AZ 85364                _________________
Business Phone:     (928)783-1050       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160605

JIMMIE DEE SMITH
171 E 24TH STREET LLC
SHADOWS LOUNGE
221 S SECOND AVE #1
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06140041         Renew? ______Yes_____No
Status:   Inactive         Status Date:     5/17/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JIMMIE DEE SMITH              _________________
Location: SHADOWS LOUNGE                _________________
          171 E 24TH ST                 _________________
          YUMA, AZ 85364                _________________
Business Phone:     (928)783-7809       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160606

NICHOLAS CARL GUTTILLA
PETER PIPER INC
PETER PIPER PIZZA #1242
5415 E HIGH ST #200
GUTTILLA MURPHY ANDERSON
PHOENIX AZ 85054

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07140008         Renew? ______Yes_____No
Status:   Active           Status Date:     11/21/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NICHOLAS CARL GUTTILLA        ___________________
Location: PETER PIPER PIZZA #1242       ___________________
          2850 S PACIFIC AVE            ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)726-9630       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160607

LINDA JANE WILLIAMS
BLONDIE'S BAR AND GRILL LLC
BLONDIE'S BAR AND GRILL
4044 E HEIGHTS BLVD
LAKE HAVASU CITY AZ 86404

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083496         Renew? ______Yes_____No
Status:   Active           Status Date:     3/5/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LINDA JANE WILLIAMS           ___________________
Location: BLONDIE'S BAR AND GRILL       ___________________
          3620 LONDON BRIDGE RD         ___________________
          LAKE HAVASU CITY, AZ 86404    ___________________
Business Phone:     (928)466-9960       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160608

WILLIAM ALBERT HIGUERA
EDUARDO'S MEXICAN RESTAURANT
1701 AVE B #112
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07140056         Renew? ______Yes_____No
Status:   Active           Status Date:     8/3/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: EDUARDO'S MEXICAN RESTAURANT  ___________________
          1701 AVE B #112               ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)783-6469       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160609

TODD MICHAEL FARRELL
GOLDEN HORSESHOE INC
FARRELLS GOLDEN HORSESHOE
4501 N LONDON BRIDGE RD
LAKE HAVASU CITY AZ 86404

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083113         Renew? ______Yes_____No
Status:   Active           Status Date:     8/5/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TODD MICHAEL FARRELL          ___________________
Location: FARRELLS GOLDEN HORSESHOE     ___________________
          4501 N LONDON BRIDGE RD       ___________________
          LAKE HAVASU CITY, AZ 86404    ___________________
Business Phone:     (928)764-3800       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160610

ROBERT JOSEPH NELSON
SMITH'S FOOD & DRUG CENTERS INC
SMITH'S FOOD & DRUG #191
P O BOX 305103
NASHVILLE TN 37230

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 09080006 Renew? _____Yes_____No
Status: Active Status Date: 8/1/2002
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT JOSEPH NELSON _____
Location: SMITH'S FOOD & DRUG #191 _____
1775 LAKESIDE DR _____
BULLHEAD CITY, AZ 86442 _____
Business Phone: (520)763-8686 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09080015 Renew? _____Yes_____No
Status: Active Status Date: 8/1/2002
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT JOSEPH NELSON _____
Location: SMITH'S FOOD & DRUG #473 _____
4747 HIGHWAY 95 NWC AZTEC & HWY 95 _____
FORT MOHAVE, AZ 86427 _____
Business Phone: (800)825-4085 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09080028 Renew? _____Yes_____No
Status: Active Status Date: 8/1/2002
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT JOSEPH NELSON _____
Location: SMITH'S FOOD & DRUG #188 _____
80 N ACOMA BLVD _____
LAKE HAVASU CITY, AZ 86403 _____
Business Phone: (520)680-7277 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09080039 Renew? _____Yes_____No
Status: Active Status Date: 8/1/2002
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT JOSEPH NELSON _____
Location: SMITH'S FOOD & DRUG #190 _____
3490 STOCKTON HILL RD _____
KINGMAN, AZ 86401 _____
Business Phone: (520)757-2544 _____

Renewal Fees:
License Renewal: 50.00

```
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00

-------------------------------------------------------------------------------
License#  09140041         Renew? ______Yes_____No
Status:   Active           Status Date:     8/20/1990
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT JOSEPH NELSON          _________________
Location: FRY'S FOOD & DRUG #107        _________________
          500 W 24TH ST                 _________________
          YUMA, AZ 85364                _________________
Business Phone:     (928)329-1055       __________

Renewal Fees:
     License Renewal:                   50.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00

-------------------------------------------------------------------------------
License#  09140044         Renew? ______Yes_____No
Status:   Active           Status Date:     8/11/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT JOSEPH NELSON          _________________
Location: FRY'S MARKETPLACE #699        _________________
          11203 EAST SOUTH FRONTAGE RD   _________________
          YUMA, AZ 85367                _________________
Business Phone:     (928)305-1922       __________

Renewal Fees:
     License Renewal:                   50.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

RG160611

HARVEY CHARLES MILLER
LITTLE BROWN JUG INC
LITTLE BROWN JUG
900 CALIFORNIA AVE
PARKER AZ 85344

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09150013         Renew? ______Yes_____No
Status:   Active           Status Date:     7/29/1992
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HARVEY CHARLES MILLER         ___________________
Location: LITTLE BROWN JUG              ___________________
          900 CALIFORNIA AVE            ___________________
          PARKER, AZ 85344              ___________________
Business Phone:     (928)669-8284       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160612

AUSTIN TRACY RICE
VITOS GOURMET PIZZA KITCHEN INC
VITO'S PIZZA & ITALIAN RESTAURANT
3751 HWY 95
BULLHEAD CITY AZ 86442

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083210         Renew? ______Yes_____No
Status:   Active           Status Date:     8/4/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    AUSTIN TRACY RICE             ___________________
Location: VITO'S PIZZA & ITALIAN RESTAURANT___________________
          3751 HWY 95                   ___________________
          BULLHEAD CITY, AZ 86442       ___________________
Business Phone:     (928)758-9400       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00

-------------------------------------------------------------------------------
License#  12083384         Renew? ______Yes_____No
Status:   Active           Status Date:     4/23/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    AUSTIN TRACY RICE             ___________________
Location: HUNTERS GRILL                 ___________________
          8496 S HWY A-95               ___________________
          MOHAVE VALLEY, AZ 86440       ___________________
Business Phone:     (928)346-1200       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners,

partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160613

VERNIE GILMORE
AMERICAN LEGION #56
AMERICAN LEGION #56
1490 W 3RD ST
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14140008         Renew? ______Yes_____No
Status:   Active           Status Date:     11/17/1987
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    VERNIE  GILMORE               ___________________
Location: AMERICAN LEGION #56           ___________________
          1490 W 3RD ST                 ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (520)343-1490       __________

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

RG160614

CAROL MELTON CALLISON
CALLISON ENTERPRISES LLC
STAGECOACH
P O BOX 5225
QUARTZSITE AZ 85359

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12153086         Renew? ______Yes_____No
Status:   Active           Status Date:     10/22/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CAROL MELTON CALLISON         _________________
Location: STAGECOACH                    _________________
          904 W MAIN ST                 _________________
          QUARTZSITE, AZ 85346          _________________
Business Phone:     (928)927-8161       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160615

RONALD PAUL CRAVEN
RND ENTERPRISES INC
POP-A-TOP SALOON
2241 S AVE A #26
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06140003         Renew? ______Yes_____No
Status:   Active           Status Date:     8/2/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RONALD PAUL CRAVEN            ___________________
Location: POP-A-TOP SALOON              ___________________
          2241 S AVE A                  ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)782-0402       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160616

JOHN WILLIAM PATT
DESERT DIAMOND DISTILLERY INC
DESERT DIAMOND DISTILLERY
4875 OLYMPIC DR
KINGMAN AZ 86401

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  18083000         Renew? ______Yes_____No
Status:   Active           Status Date:     8/26/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN WILLIAM PATT             ___________________
Location: DESERT DIAMOND DISTILLERY     ___________________
          4875 OLYMPIC DR               ___________________
          KINGMAN, AZ 86401             ___________________
Business Phone:     (928)757-7611       __________

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

RG160617

CLARE HOLLIE ABEL
BRINKER RESTAURANT CORP
CHILI'S GRILL AND BAR #1049
C/O BRINKER REST CORP
6820 LBJ FREEWAY
DALLAS TX 75240

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 12083256 Renew? _____Yes_____No
Status: Active Status Date: 8/20/2004
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: CHILI'S GRILL AND BAR #1049 _____
120 SWANSON AVE _____
LAKE HAVASU CITY, AZ 86403 _____
Business Phone: (928)854-5450 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

License# 12083260 Renew? _____Yes_____No
Status: Active Status Date: 9/24/2004
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: CHILI'S GRILL AND BAR #1046 _____
3840 STOCKTON HILL RD _____
KINGMAN, AZ 86401 _____
Business Phone: (928)681-3444 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

License# 12083305 Renew? _____Yes_____No
Status: Active Status Date: 4/11/2006
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: CHILI'S GRILL & BAR #1166 _____
600 HIGHWAY 95 #700 _____
BULLHEAD CITY, AZ 86429 _____
Business Phone: (928)754-4200 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

License# 12143101 Renew? _____Yes_____No
Status: Active Status Date: 4/7/2005
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: CHILIS GRILL & BAR #1089 _____

1331 S YUMA PALMS PKWY _____
YUMA, AZ 85365 _____
Business Phone: (928)782-1444 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160618

DARLENE RINALDI
MARIO'S ITALIAN RESTAURANT LLC
MARIO'S ITALIAN RESTAURANT & LOUNGE
2961 THISTLE DR
LAKE HAVASU CITY AZ 86406

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083354         Renew? ______Yes_____No
Status:   Active           Status Date:     3/17/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DARLENE  RINALDI              _________________
Location: MARIO'S ITALIAN RESTAURANT & LOUNGE_________________
          350 LONDON BRIDGE RD          _________________
          LAKE HAVASU CITY, AZ 86403    _________________
Business Phone:     (925)854-3223       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160619

JARED MICHAEL REPINSKI
COVEU LLC
COVEU
P O BOX 6252
CHANDLER AZ 85246

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07080054 Renew? _____Yes_____No
Status: Active Status Date: 11/13/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JARED MICHAEL REPINSKI _____
Location: COVEU _____
2247 CLEARWATER DR _____
BULLHEAD CITY, AZ 86442 _____
Business Phone: (928)299-5129 _____

Renewal Fees:

License Renewal:	75.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	175.00

License# 12083528 Renew? _____Yes_____No
Status: Active Status Date: 8/24/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JARED MICHAEL REPINSKI _____
Location: COVEU _____
2247 CLEARWATER DR _____
BULLHEAD CITY, AZ 86442 _____
Business Phone: (928)299-5129 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160620

RANDY D NATIONS
99 CENTS ONLY STORES LLC
99 CENTS ONLY STORE #314
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083274         Renew? ______Yes_____No
Status:   Active           Status Date:     10/24/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: 99 CENTS ONLY STORE #314      ___________________
          1795 KIOWA BLVD               ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)505-3099       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  10143145         Renew? ______Yes_____No
Status:   Active           Status Date:     10/31/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: 99 CENTS ONLY STORE #242      ___________________
          1701 S 4TH AVE                ___________________
          YUMA, AZ 85364                ___________________
Business Phone:     (928)376-0999       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

RG160621

JAMES ROBERT DOLAN
CC1S INVESTMENTS LLC
CAMPBELL COVE 1-STOP
1521 INDUSTRIAL BLVD
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10083266         Renew? ______Yes_____No
Status:   Active           Status Date:     1/17/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES ROBERT DOLAN            ___________________
Location: CAMPBELL COVE 1-STOP          ___________________
          1521 INDUSTRIAL BLVD          ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)854-6608       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160622

JANN GAIL STOLTZ
LH VENTURES LLC
NAUTICAL
1000 MCCULLOCH BLVD
LAKE HAVASU CITY AZ 86403

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06080003         Renew? ______Yes_____No
Status:   Active           Status Date:     8/16/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JANN GAIL STOLTZ              ___________________
Location: NAUTICAL                      ___________________
          1000 MCCULLOCH BLVD           ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)855-2141       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160623

JONY DAVID SADIK
CMS MARKET
2090 W 8TH ST
YUMA AZ 85364

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09140007         Renew? ______Yes_____No
Status:   Active           Status Date:     1/22/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: CMS MARKET                    _________________
          2090 W 8TH ST                 _________________
          YUMA, AZ 85364                _________________
Business Phone:     (928)783-9583       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160624

MARIA GUADALUPE ALONSO
ORIOL'S MEXICAN RESTAURANT & SEAFOOD INC
ORIOL'S MEXICAN RESTAURANT & SEAFOOD
895 BRILL DR
BULLHEAD CITY AZ 86442

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12083366         Renew? ______Yes_____No
Status:   Active           Status Date:     8/7/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARIA GUADALUPE ALONSO        ___________________
Location: ORIOL'S MEXICAN RESTAURANT & SEAFOOD___________________
          1595 MOHAVE DR                ___________________
          BULLHEAD CITY, AZ 86442       ___________________
Business Phone:     (928)758-4777       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RG160625

ANDREA DAHLMAN LEWKOWITZ
ROOFTOP RIVER HOUSE LLC
ROOFTOP RIVER HOUSE
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON JULY 31, 2016

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31st of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them 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#  06080024         Renew? ______Yes_____No
Status:   Inactive         Status Date:     3/23/2016
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      ___________________
Location: ROOFTOP RIVER HOUSE           ___________________
          1515 MARLBORO DR              ___________________
          LAKE HAVASU CITY, AZ 86403    ___________________
Business Phone:     (928)230-5590       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**