

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160001

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

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

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

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

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

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

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

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

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

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details)  No

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

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

\_\_\_\_\_  
(Print Name)

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

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

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

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

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

**DO NOT DETACH**

-----  
License# 07100249 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 6/2/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MARK ROBERT THOMSON \_\_\_\_\_  
Location: PLAZA LIQUORS \_\_\_\_\_  
2642 N CAMPBELL \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)327-0452 \_\_\_\_\_

Renewal Fees:  
License Renewal: 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 \_\_\_\_\_ 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**

RI160002

JAMES BRIAN LATTA  
JBL RESTAURANT INVESTMENTS INC  
CHUY'S MESQUITE BROILER  
7101 E 22ND ST  
TUCSON AZ 85710

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

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

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

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

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

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

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

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

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details)  No

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

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

\_\_\_\_\_  
(Print Name)

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

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

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

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

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

**DO NOT DETACH**

-----  
License# 12101247 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/7/2003  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JAMES BRIAN LATTA \_\_\_\_\_  
Location: CHUY'S MESQUITE BROILER \_\_\_\_\_  
7101 E 22ND ST \_\_\_\_\_  
TUCSON, AZ 85710 \_\_\_\_\_  
Business Phone: (520)722-5117 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

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

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

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

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

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160003

JESSICA LIMA FRANCISCA BROWN  
NORTH SHORE HAWAIIAN CUISINE LLC  
3RD BASE  
10181 E CONSTITUTION PL  
TUCSON AZ 85748

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

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

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

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

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

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

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

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

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details)  No

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

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

\_\_\_\_\_  
(Print Name)

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

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

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

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

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

**DO NOT DETACH**

-----  
License# 06100182 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/15/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JESSICA LIMA FRANCISCA BROWN \_\_\_\_\_  
Location: 3RD BASE \_\_\_\_\_  
6255 E GOLF LINKS RD \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)571-8384 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160004

PEDRO ESTRELLA  
EL INDIO RESTAURANT INC  
EL INDIO RESTAURANT  
3355 S 6TH AVE  
TUCSON AZ 85713

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

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

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

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

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

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

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

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

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details)  No

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

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

\_\_\_\_\_  
(Print Name)

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

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

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

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

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

**DO NOT DETACH**

-----  
License# 12101260 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/13/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: PEDRO ESTRELLA \_\_\_\_\_  
Location: EL INDIO RESTAURANT \_\_\_\_\_  
3355 S 6TH AVE \_\_\_\_\_  
TUCSON, AZ 85713 \_\_\_\_\_  
Business Phone: (520)620-0504 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

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

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

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

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

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160005

DONALD TIMOTHY KLUMP  
SAM'S NORTHWEST #2 INC  
GRUMPY'S GRILL  
2960 W INA RD  
TUCSON AZ 85741

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

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

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

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

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

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

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

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

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details)  No

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

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

\_\_\_\_\_  
(Print Name)

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

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

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

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

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

**DO NOT DETACH**

-----  
License# 12103758 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/4/2007  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: DONALD TIMOTHY KLUMP \_\_\_\_\_  
Location: GRUMPY'S GRILL \_\_\_\_\_  
2960-2964 W INA RD \_\_\_\_\_  
TUCSON, AZ 85741 \_\_\_\_\_  
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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

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

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160006

UN IM VAWSER  
KAZOKU RESTAURANT LLC  
KAZOKU SUSHI & JAPANESE RESTAURANT  
4210 E SPEEDWAY BLVD  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

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

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

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

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

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

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

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

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details)  No

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

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

\_\_\_\_\_  
(Print Name)

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

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

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

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

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

**DO NOT DETACH**

-----  
License# 12103981 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 10/26/2009  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: UN IM VAWSER \_\_\_\_\_  
Location: KAZOKU SUSHI & JAPANESE RESTAURANT \_\_\_\_\_  
4210 E SPEEDWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)777-6249 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

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

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

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

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

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160007

NICHOLAS POWELL HEDDINGS  
TAYLOR HEDDINGS ARIZONA PIZZA COMPANY INC  
ARIZONA PIZZA COMPANY  
1909 E GRANT RD  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

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

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

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

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

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

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

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

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details)  No

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

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

\_\_\_\_\_  
(Print Name)

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

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

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

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

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

**DO NOT DETACH**

-----  
License# 12103709 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/15/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: NICHOLAS POWELL HEDDINGS \_\_\_\_\_  
Location: ARIZONA PIZZA COMPANY \_\_\_\_\_  
4955 N SABINO CANYON RD # 115 \_\_\_\_\_  
TUCSON, AZ 85750 \_\_\_\_\_  
Business Phone: (520)299-7311 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

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

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

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

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

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160008

KEVIN ARNOLD KRAMBER  
EQHF TUCSON LLC  
RAMADA INN & SUITES FOOTHILLS  
536 E WAGON BLUFF DR  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

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

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

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

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

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

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

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

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details)  No

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

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

\_\_\_\_\_  
(Print Name)

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

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

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

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

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

**DO NOT DETACH**

-----  
License# 07100330 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/17/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: RAMADA INN & SUITES FOOTHILLS \_\_\_\_\_  
6944 E TANQUE VERDE RD \_\_\_\_\_  
TUCSON, AZ 85715 \_\_\_\_\_  
Business Phone: (520)886-9595 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160009

KEVIN ARNOLD KRAMBER  
TUCSON TAMALE COMPANY ORACLE LLC  
TUCSON TAMALE COMPANY  
536 E WAGON BLUFF DR  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

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

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

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

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

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

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

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

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details)  No

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

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

\_\_\_\_\_  
(Print Name)

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

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

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

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

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

**DO NOT DETACH**

-----  
License# 12104308 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/2/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: TUCSON TAMALE COMPANY \_\_\_\_\_  
7286 N ORACLE RD \_\_\_\_\_  
TUCSON, AZ 85704 \_\_\_\_\_  
Business Phone: (520)403-1888 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

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

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

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

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

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160010

H J LEWKOWITZ  
TUCSON MATHER PLAZA LLC  
SPLENDIDO AT RANCH VISTOSO  
2600 N CENTRAL AVE STE 1775  
PHOENIX AZ 85004

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

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

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

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

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

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

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

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

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details)  No

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

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

\_\_\_\_\_  
(Print Name)

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

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

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

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

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

**DO NOT DETACH**

-----  
License# 12103770 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/20/2006  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: H J LEWKOWITZ \_\_\_\_\_  
Location: SPLENDIDO AT RANCH VISTOSO \_\_\_\_\_  
13500 N RANCHO VISTOSO BLVD \_\_\_\_\_  
ORO VALLEY, AZ 85755 \_\_\_\_\_  
Business Phone: (520)878-2600 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

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

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

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

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

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160011

MY MY WANG  
MAE LLC  
MAE'S CHINESE RESTAURANT  
2475 S HARRISON RD  
TUCSON AZ 85748

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

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

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

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

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

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

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

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

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details)  No

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

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

\_\_\_\_\_  
(Print Name)

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

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

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

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

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

**DO NOT DETACH**

-----  
License# 12104342 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 1/5/2015  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: MY MY WANG \_\_\_\_\_  
Location: MAE'S CHINESE RESTAURANT \_\_\_\_\_  
2475 S HARRISON RD \_\_\_\_\_  
TUCSON, AZ 85748 \_\_\_\_\_  
Business Phone: (520)298-4222 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

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

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

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

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

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160012

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

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

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

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

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

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

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

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

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

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details)  No

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

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

\_\_\_\_\_  
(Print Name)

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

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

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

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

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

**DO NOT DETACH**

-----  
License# 07100056 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 2/28/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: DELORIS MAE LALONE \_\_\_\_\_  
Location: CHEVRON \_\_\_\_\_  
6261 E BENSON HWY \_\_\_\_\_  
TUCSON, AZ 85706 \_\_\_\_\_  
Business Phone: (520)664-0961 \_\_\_\_\_

Renewal Fees:  
License Renewal: 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 \_\_\_\_\_ 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**

RI160013

KEVIN ARNOLD KRAMBER  
HSL EBS PROPERTIES LLC  
DOUBLETREE BY HILTON  
536 E WAGON BLUFF DR  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

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

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

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

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

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

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

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

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details)  No

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

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

\_\_\_\_\_  
(Print Name)

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

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

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

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

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

**DO NOT DETACH**

-----  
License# 11103094 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 2/5/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: DOUBLETREE BY HILTON \_\_\_\_\_  
5335 E BROADWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)745-2700 \_\_\_\_\_  
% 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 \_\_\_\_\_ 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**

RI160014

FERNANDO ELISEO FERREL  
FERLOP ENTERPRISES LLC  
MR BAJA FISH  
2545 S CRAYCROFT RD  
TUCSON AZ 85711

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

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

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

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

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

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

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

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

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details)  No

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

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

\_\_\_\_\_  
(Print Name)

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

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

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

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

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

**DO NOT DETACH**

-----  
License# 06100106 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Pending Status Date: 7/6/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: FERNANDO ELISEO FERREL \_\_\_\_\_  
Location: MR BAJA FISH \_\_\_\_\_  
2545 S CRAYCROFT RD \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: pending \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

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

\_\_\_\_\_  
Signature of Notary



**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160015

JOSEPH MICHAEL SPINA, JR.  
MAMA'S FAMOUS PIZZA & HEROS INC  
MAMA'S FAMOUS PIZZA & HEROS  
7965 N ORACLE  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

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

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

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

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

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

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

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

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details)  No

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

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

\_\_\_\_\_  
(Print Name)

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

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

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

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

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

**DO NOT DETACH**

-----  
License# 07100242 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/1/1986  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JOSEPH MICHAEL SPINA, JR. \_\_\_\_\_  
Location: MAMA'S FAMOUS PIZZA & HEROS \_\_\_\_\_  
7965 N ORACLE \_\_\_\_\_  
TUCSON, AZ 85704 \_\_\_\_\_  
Business Phone: (520)297-3993 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160016

RANDY D NATIONS  
FRC NORTH-ITALIAN (TUCSON) LLC  
NORTH ITALIAN  
P O BOX 2502  
CHANDLER AZ 85244

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

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

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

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

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

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

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

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

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details)  No

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

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

\_\_\_\_\_  
(Print Name)

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

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

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

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

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

**DO NOT DETACH**

-----  
License# 12103542 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/31/2003  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: RANDY D NATIONS \_\_\_\_\_  
Location: NORTH ITALIAN \_\_\_\_\_  
2995 E SKYLINE DR \_\_\_\_\_  
TUCSON, AZ 85718 \_\_\_\_\_  
Business Phone: (520)299-1600 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

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

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

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

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

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160017

MICAH ARON BLATT  
MR HEAD'S INC  
MR HEAD'S  
1576 N WILD BART CT  
TUCSON AZ 85745

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

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

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

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

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

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

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

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

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details)  No

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

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

\_\_\_\_\_  
(Print Name)

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

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

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

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

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

**DO NOT DETACH**

-----  
License# 06100134 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/24/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MICAH ARON BLATT \_\_\_\_\_  
Location: MR HEAD'S \_\_\_\_\_  
509 & 513 N 4TH AVE \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)444-4735 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160018

ALBERTO RAMOS MORA  
RAMOS BROTHERS LLC  
TACO GIRO MEXICAN GRILL  
610 N GRAND AVE  
TUCSON AZ 85745

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

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

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

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

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

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

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

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

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details)  No

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

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

\_\_\_\_\_  
(Print Name)

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

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

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

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

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

**DO NOT DETACH**

-----  
License# 12103977 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/6/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ALBERTO RAMOS MORA \_\_\_\_\_  
Location: TACO GIRO MEXICAN GRILL \_\_\_\_\_  
610 N GRANDE AVE \_\_\_\_\_  
TUCSON, AZ 85745 \_\_\_\_\_  
Business Phone: (520)292-2282 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

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

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

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

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

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160019

SCOTT ROBERT KILPATRICK  
SAUCE BROADWAY LLC  
SAUCE PIZZA & WINE  
7144 E STETSON DR #420  
SCOTTSDALE AZ 85251

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

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

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

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

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

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

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

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

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details)  No

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

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

\_\_\_\_\_  
(Print Name)

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

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

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

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

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

**DO NOT DETACH**

-----  
License# 12103588 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/5/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: SCOTT ROBERT KILPATRICK \_\_\_\_\_  
Location: SAUCE PIZZA & WINE \_\_\_\_\_  
5285 E BROADWAY BLVD #A \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)514-1122 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

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

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

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

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

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160020

RANDY D NATIONS  
HOTRODS RESTAURANTS INC  
HOT RODS OLD VAIL  
P O BOX 2502  
CHANDLER AZ 85244

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

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

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

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

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

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

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

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

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details)  No

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

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

\_\_\_\_\_  
(Print Name)

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

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

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

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

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

**DO NOT DETACH**

-----  
License# 06100203 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 5/16/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: RANDY D NATIONS \_\_\_\_\_  
Location: HOT RODS OLD VAIL \_\_\_\_\_  
10500 E OLD VAIL RD \_\_\_\_\_  
TUCSON, AZ 85747 \_\_\_\_\_  
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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

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

\_\_\_\_\_  
Signature of Notary



**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160021

HUICHA SMITH  
RUNWAY BAR & GRILL  
2101 S ALVERNON  
TUCSON AZ 85711-6217

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

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

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

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

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

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

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

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

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details)  No

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

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

\_\_\_\_\_  
(Print Name)

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

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

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

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

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

**DO NOT DETACH**

-----  
License# 06100004 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/5/2001  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: \_\_\_\_\_  
Location: RUNWAY BAR & GRILL \_\_\_\_\_  
2101 S ALVERNON WAY \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)790-6788 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160022

ROBERT HARKINS  
MADKINS INC  
SILVER ROOM  
673 S PLUMER AVE  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

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

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

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

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

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

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

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

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details)  No

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

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

\_\_\_\_\_  
(Print Name)

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

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

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

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

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

**DO NOT DETACH**

-----  
License# 06100080 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 8/27/1987  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ROBERT HARKINS \_\_\_\_\_  
Location: SILVER ROOM \_\_\_\_\_  
673 S PLUMER AVE \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)624-6434 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160023

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

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

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

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

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

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

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

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

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

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details)  No

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

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

\_\_\_\_\_  
(Print Name)

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

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

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

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

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

**DO NOT DETACH**

-----  
License# 12104271 Renew?  Yes  No  
Status: Active Status Date: 4/3/2014  
License Inactive?  Yes  No Changes:(may require additional Filing)  
Agent: ANDREA DAHLMAN LEWKOWITZ \_\_\_\_\_  
Location: APPLEBEE'S NEIGHBORHOOD GRILL & BAR \_\_\_\_\_  
565 E WETMORE RD \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)292-2600 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
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# 12104272 Renew?  Yes  No  
Status: Active Status Date: 4/3/2014  
License Inactive?  Yes  No Changes:(may require additional Filing)  
Agent: ANDREA DAHLMAN LEWKOWITZ \_\_\_\_\_  
Location: APPLEBEE'S NEIGHBORHOOD GRILL & BAR \_\_\_\_\_  
4625 E GRANT RD \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)319-0544 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
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# 12104273 Renew?  Yes  No  
Status: Active Status Date: 4/3/2014  
License Inactive?  Yes  No Changes:(may require additional Filing)  
Agent: ANDREA DAHLMAN LEWKOWITZ \_\_\_\_\_  
Location: APPLEBEE'S NEIGHBORHOOD GRILL & BAR \_\_\_\_\_  
5870 E BROADWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)750-9780 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
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# 12104274 Renew?  Yes  No  
Status: Active Status Date: 4/3/2014  
License Inactive?  Yes  No Changes:(may require additional Filing)  
Agent: ANDREA DAHLMAN LEWKOWITZ \_\_\_\_\_  
Location: APPLEBEE'S NEIGHBORHOOD GRILL & BAR \_\_\_\_\_

2230 W INA RD \_\_\_\_\_  
TUCSON, AZ 85741 \_\_\_\_\_  
Business Phone: (520)297-2220 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

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

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

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

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

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

RI160024

GAETANO COLALEO  
DSDP LLC  
PIAZZA GAVI LA LOCANDA DEGLI AMICI  
7588 E PLACITA DE LA PROSA  
TUCSON AZ 85750

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

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

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

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

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

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

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

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

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details)  No

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

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

\_\_\_\_\_  
(Print Name)

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

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

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

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

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

**DO NOT DETACH**

-----  
License# 12103467 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 10/2/2009  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: GAETANO COLALEO \_\_\_\_\_  
Location: PIAZZA GAVI LA LOCANDA DEGLI AMICI \_\_\_\_\_  
5415 N KOLB RD \_\_\_\_\_  
TUCSON, AZ 85750 \_\_\_\_\_  
Business Phone: (520)529-2156 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

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

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

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

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

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160025

RICHARD CHARLES SUSKIND  
GRT ENTERPRISES LLC  
FAMOUS SAM'S #18  
7129 E GOLF LINKS RD  
TUCSON AZ 85730

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

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

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

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

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

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

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

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

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details)  No

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

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

\_\_\_\_\_  
(Print Name)

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

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

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

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

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

**DO NOT DETACH**

-----  
License# 06100128 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/14/1997  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: RICHARD CHARLES SUSKIND \_\_\_\_\_  
Location: FAMOUS SAM'S #18 \_\_\_\_\_  
7129 E GOLF LINKS RD \_\_\_\_\_  
TUCSON, AZ 85730 \_\_\_\_\_  
Business Phone: (520)296-1245 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160026

RANDY D NATIONS  
SHERWOOD FOREST LICENSING CORP  
VOYAGER BAR & GRILL  
P O BOX 2502  
CHANDLER AZ 85224

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

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

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

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

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

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

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

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

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details)  No

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

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

\_\_\_\_\_  
(Print Name)

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

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

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

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

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

**DO NOT DETACH**

-----  
License# 07100120 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 6/5/2008  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: RANDY D NATIONS \_\_\_\_\_  
Location: VOYAGER BAR & GRILL \_\_\_\_\_  
8701 S KOLB RD #C \_\_\_\_\_  
TUCSON, AZ 85706 \_\_\_\_\_  
Business Phone: (520)574-5000 \_\_\_\_\_

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# 12103882 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 6/5/2008  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: RANDY D NATIONS \_\_\_\_\_  
Location: VOYAGER BAR & GRILL \_\_\_\_\_  
8701 S KOLB RD \_\_\_\_\_  
TUCSON, AZ 85706 \_\_\_\_\_  
Business Phone: (520)574-5000 \_\_\_\_\_  
% 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**

RI160027

ARNOLDO SILVA  
ASCOS LLC  
LA BOTANA TACOS GRILL & CANTINA  
3200 N 1ST  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

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

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

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

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

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

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

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

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details)  No

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

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

\_\_\_\_\_  
(Print Name)

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

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

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

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

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

**DO NOT DETACH**

-----  
License# 12103997 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/14/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ARNOLDO SILVA \_\_\_\_\_  
Location: LA BOTANA TACOS GRILL & CANTINA \_\_\_\_\_  
3200 N 1ST AVE \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)777-8801 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

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

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

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

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

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160028

TAICHI ABE  
SUSHI YUKARI  
7867 E PRISTINE PL  
TUCSON AZ 85750

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

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

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

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

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

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

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

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

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details)  No

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

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

\_\_\_\_\_  
(Print Name)

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

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

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

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

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

**DO NOT DETACH**

-----  
License# 12104335 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/23/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: \_\_\_\_\_  
Location: SUSHI YUKARI \_\_\_\_\_  
5655 E RIVER RD #151 \_\_\_\_\_  
TUCSON, AZ 85750 \_\_\_\_\_  
Business Phone: (520)232-1393 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

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

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

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

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

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160029

DIANE SUE RILEY  
RILEYS LLC  
RILEYS IRISH TAVERN  
4804 W DAPHNE LN  
TUCSON AZ 85742

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

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

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

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

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

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

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

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

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details)  No

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

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

\_\_\_\_\_  
(Print Name)

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

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

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

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

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

**DO NOT DETACH**

-----  
License# 06100281 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 8/9/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: DIANE SUE RILEY \_\_\_\_\_  
Location: RILEYS IRISH TAVERN \_\_\_\_\_  
5140 N LA CHOLLA BLVD \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)408-0507 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160030

KEVIN ARNOLD KRAMBER  
BRAND RESTAURANT CONCEPTS LLC  
GOODNESS FRESH FOOD & JUICE BAR  
536 E WAGON BLUFF DR  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

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

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

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

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

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

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

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

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details)  No

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

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

\_\_\_\_\_  
(Print Name)

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

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

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

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

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

**DO NOT DETACH**

-----  
License# 12104398 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 2/5/2016  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: GOODNESS FRESH FOOD & JUICE BAR \_\_\_\_\_  
6370 N CAMPBELL AVE #160 \_\_\_\_\_  
TUCSON, AZ 85718 \_\_\_\_\_  
Business Phone: (520)338-8418 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

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

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

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

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

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160031

KEVIN ARNOLD KRAMBER  
MEDITERRANEAN ENTERPRISES LLC  
SINBAD'S RESTAURANT  
536 E WAGON BLUFF DR  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

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

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

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

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

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

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

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

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details)  No

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

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

\_\_\_\_\_  
(Print Name)

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

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

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

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

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

**DO NOT DETACH**

-----  
License# 12104056 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/26/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: SINBAD'S RESTAURANT \_\_\_\_\_  
810 E UNIVERSITY BLVD \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)623-4010 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

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

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

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

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

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160032

DALE-ANN NARASIMHAN  
GVL ENTERPRISES INC  
GREEN VALLEY LANES  
1100 W BETA ST  
GREEN VALLEY AZ 85614

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

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

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

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

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

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

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

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

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details)  No

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

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

\_\_\_\_\_  
(Print Name)

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

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

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

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

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

**DO NOT DETACH**

-----  
License# 06100020 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Inactive Status Date: 10/30/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: DALE-ANN NARASIMHAN \_\_\_\_\_  
Location: GREEN VALLEY LANES \_\_\_\_\_  
1100 W BETA ST \_\_\_\_\_  
GREEN VALLEY, AZ 85614 \_\_\_\_\_  
Business Phone: (520)625-5463 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160033

DARIUSH MARGHZAR-HARIRI  
AAA PROPERTIES LLC  
EVENT  
P O BOX 43861  
TUCSON AZ 85733

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

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

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

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

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

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

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

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

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details)  No

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

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

\_\_\_\_\_  
(Print Name)

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

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

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

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

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

**DO NOT DETACH**

-----  
License# 06100076 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 8/30/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: DARIUSH MARGHZAR-HARIRI \_\_\_\_\_  
Location: EVENT \_\_\_\_\_  
6350 E TANQUE VERDE RD \_\_\_\_\_  
TUCSON, AZ 85715 \_\_\_\_\_  
Business Phone: (520)751-3991 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160034

GRACIELA MARIA LEWIS  
LAVENDER RESTAURANT LP  
LAVENDER RESTAURANT  
77 E PASEO DE GOLF  
GREEN VALLEY AZ 85614

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

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

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

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

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

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

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

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

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details)  No

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

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

\_\_\_\_\_  
(Print Name)

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

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

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

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

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

**DO NOT DETACH**

-----  
License# 12103791 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/6/2008  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: GRACIELA MARIA LEWIS \_\_\_\_\_  
Location: LAVENDER RESTAURANT \_\_\_\_\_  
77 EAST PASEO DE GOLF \_\_\_\_\_  
GREEN VALLEY, AZ 85614 \_\_\_\_\_  
Business Phone: (520)648-0205 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

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

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

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

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

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160035

RANDY D NATIONS  
HI FI TUCSON LLC  
HI FI KITCHEN & COCKTAILS  
P O BOX 2502  
CHANDLER AZ 85244

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

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

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

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

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

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

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

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

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details)  No

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

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

\_\_\_\_\_  
(Print Name)

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

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

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

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

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

**DO NOT DETACH**

-----  
License# 06100207 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 4/2/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: RANDY D NATIONS \_\_\_\_\_  
Location: HI FI KITCHEN & COCKTAILS \_\_\_\_\_  
345 E CONGRESS ST \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)268-9110 \_\_\_\_\_

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

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

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

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

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

RI160036

GEORGE AMAYA ORTEGA  
ROSA'S SANTA ROSA DE JORGE INC  
ROSA'S MEXICAN FOOD  
1750 E FORT LOWELL #164  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

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

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

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

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

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

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

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

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details)  No

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

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

\_\_\_\_\_  
(Print Name)

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

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

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

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

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

**DO NOT DETACH**

-----  
License# 12103169 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/2/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: GEORGE AMAYA ORTEGA \_\_\_\_\_  
Location: ROSA'S MEXICAN FOOD \_\_\_\_\_  
1750 E FORT LOWELL RD STE 164 \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)325-0362 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

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

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

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

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

- 1) \_\_\_\_\_  
Name Street City County Zip
- 2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160037

OTTO RAMON BOHON  
RBRT LLC  
AZADERO Y TAQUERIA SONORA  
24 W IRVINGTON RD  
TUCSON AZ 85714

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

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

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

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

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

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

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

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

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details)  No

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

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

\_\_\_\_\_  
(Print Name)

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

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

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

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

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

**DO NOT DETACH**

-----  
License# 12104219 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 4/4/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: OTTO RAMON BOHON \_\_\_\_\_  
Location: AZADERO Y TAQUERIA SONORA \_\_\_\_\_  
24 W IRVINGTON RD \_\_\_\_\_  
TUCSON, AZ 85714 \_\_\_\_\_  
Business Phone: (520)807-6200 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

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

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

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

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

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160038

DANIELA BORELLA  
BORELLA LLC  
CAFFE TORINO RISTORANTE ITALIANO  
10325 N LA CANADA DR #151  
ORO VALLEY AZ 85737

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

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

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

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

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

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

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

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

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details)  No

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

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

\_\_\_\_\_  
(Print Name)

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

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

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

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

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

**DO NOT DETACH**

-----  
License# 12103746 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 10/27/2009  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: DANIELA BORELLA \_\_\_\_\_  
Location: CAFFE TORINO RISTORANTE ITALIANO \_\_\_\_\_  
10325 N LA CANADA DR #151 \_\_\_\_\_  
ORO VALLEY, AZ 85737 \_\_\_\_\_  
Business Phone: (520)297-3777 \_\_\_\_\_  
% 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

-----  
License# 12104242 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 8/7/2013  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: DANIELA BORELLA \_\_\_\_\_  
Location: CAFFE TORINO IN THE FOOTHILLS \_\_\_\_\_  
5605 E RIVER RD STE 121 \_\_\_\_\_  
TUCSON, AZ 85750 \_\_\_\_\_  
Business Phone: (520)300-6860 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

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

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

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

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

- 1) \_\_\_\_\_  
Name Street City County Zip
- 2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

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

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

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

\_\_\_\_\_  
Signature of Notary

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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160039

DEBORAH E TENINO  
KE HOSPITALITY GROUP LLC  
CONTIGO LATIN KITCHEN  
4213 E 6TH ST  
TUCSON AZ 85711

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

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

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

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

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

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

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

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

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details)  No

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

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

\_\_\_\_\_  
(Print Name)

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

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

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

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

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

**DO NOT DETACH**

-----  
License# 12104418 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 5/9/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: DEBORAH E TENINO \_\_\_\_\_  
Location: CONTIGO LATIN KITCHEN \_\_\_\_\_  
3770 E SUNRISE DR \_\_\_\_\_  
TUCSON, AZ 85718 \_\_\_\_\_  
Business Phone: (520)271-7764 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

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

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

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

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

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160040

MIGUEL ANGEL SOTO  
CIG HOLDINGS LLC  
VILLA HERMOSA  
500 STEVENS AVE  
SOLANA BEACH CA 92075

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

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

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

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

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

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

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

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

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details)  No

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

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

\_\_\_\_\_  
(Print Name)

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

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

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

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

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

**DO NOT DETACH**

-----  
License# 06100037 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/6/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MIGUEL ANGEL SOTO \_\_\_\_\_  
Location: VILLA HERMOSA \_\_\_\_\_  
6300 E SPEEDWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85710 \_\_\_\_\_  
Business Phone: (520)296-6400 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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# 12103464 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/11/2007  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MIGUEL ANGEL SOTO \_\_\_\_\_  
Location: SILVER SPRINGS RETIREMENT COMMUNITY \_\_\_\_\_  
500 W CAMINO ENCANTO \_\_\_\_\_  
GREEN VALLEY, AZ 85614 \_\_\_\_\_  
Business Phone: (520)399-3620 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
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# 12103465 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/11/2007  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: DENNIS JAMES SCALPONE \_\_\_\_\_  
Location: AMBER LIGHTS RETIREMENT COMMUNITY \_\_\_\_\_  
6231 N MONTEBELLA RD \_\_\_\_\_  
TUCSON, AZ 85704 \_\_\_\_\_  
Business Phone: (520)498-0668 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

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

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

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

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

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

RI160041

GREGORY TODD HANSEN  
SPANKYS AT THE HOP LLC  
GREG N AMY'S TWIST AND SHOUT  
720 W CALLE ARROYO SUR #100  
GREEN VALLEY AZ 85614

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

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

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

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

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

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

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

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

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details)  No

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

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

\_\_\_\_\_  
(Print Name)

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

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

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

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

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

**DO NOT DETACH**

-----  
License# 12103869 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/9/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: GREGORY TODD HANSEN \_\_\_\_\_  
Location: GREG N AMY'S TWIST AND SHOUT \_\_\_\_\_  
720 W CALLE ARROYO SUR \_\_\_\_\_  
SAHUARITA, AZ 85614 \_\_\_\_\_  
Business Phone: (520)625-3044 \_\_\_\_\_  
% 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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

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

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

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160042

BENJAMIN WAYNE RINE  
MRW CONCEPTS LLC  
BRUSHFIRE BBQ CO  
2745 N CAMPBELL AVE  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

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

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

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

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

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

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

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

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details)  No

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

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

\_\_\_\_\_  
(Print Name)

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

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

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

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

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

**DO NOT DETACH**

-----  
License# 12104123 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/17/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: BENJAMIN WAYNE RINE \_\_\_\_\_  
Location: BRUSHFIRE BBQ CO \_\_\_\_\_  
7080 E 22ND ST #114 \_\_\_\_\_  
TUCSON, AZ 85710 \_\_\_\_\_  
Business Phone: (520)867-6050 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
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# 12104125 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/17/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: BENJAMIN WAYNE RINE \_\_\_\_\_  
Location: BRUSHFIRE BBQ CO \_\_\_\_\_  
2745 N CAMPBELL AVE \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)624-3223 \_\_\_\_\_  
% 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**

RI160043

THOMAS ROBERT AGUILERA  
WD TUCSON OP LLC  
WELCOME DINER  
4554 E CAMP LOWELL DR  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

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

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

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

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

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

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

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

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details)  No

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

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

\_\_\_\_\_  
(Print Name)

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

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

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

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

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

**DO NOT DETACH**

-----  
License# 12104426 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Inactive Status Date: 6/10/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: WELCOME DINER \_\_\_\_\_  
902 E BROADWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

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

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160044

PATRICIA JEANNE NORMAN  
MPK HOLDINGS LLC  
KOLB ROAD LOUNGE  
1180 S KOLB RD  
TUCSON AZ 85710

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

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

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

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

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

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

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

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

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details)  No

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

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

\_\_\_\_\_  
(Print Name)

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

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

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

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

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

**DO NOT DETACH**

-----  
License# 06100130 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/13/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: PATRICIA JEANNE NORMAN \_\_\_\_\_  
Location: KOLB ROAD LOUNGE \_\_\_\_\_  
1180 S KOLB RD \_\_\_\_\_  
TUCSON, AZ 85710 \_\_\_\_\_  
Business Phone: (520)790-6222 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160045

WILLIAM TURNER SELBY  
TUCSON RACQUET & SWIM CLUB INC  
TUCSON RACQUET & SWIM CLUB  
4001 N COUNTRY CLUB RD  
TUCSON AZ 85716

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

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

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

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

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

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

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

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

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details)  No

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

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

\_\_\_\_\_  
(Print Name)

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

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

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

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

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

**DO NOT DETACH**

-----  
License# 12100133 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/13/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: WILLIAM TURNER SELBY \_\_\_\_\_  
Location: TUCSON RACQUET & SWIM CLUB \_\_\_\_\_  
4001 N COUNTRY CLUB RD \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: (520)795-6960 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

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

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

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

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

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160046

WAYNE CHRISTOPHER HALLQUIST  
EL MOLINITO INC  
EL MOLINITO  
5380 E 22ND ST  
TUCSON AZ 85711

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

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

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

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

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

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

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

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

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

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

Yes (attach explanation of details)  No

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

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

\_\_\_\_\_  
(Print Name)

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

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

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

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

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

**DO NOT DETACH**

-----  
License# 06100226 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 4/30/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: WAYNE CHRISTOPHER HALLQUIST \_\_\_\_\_  
Location: EL MOLINITO \_\_\_\_\_  
5380 E 22ND ST \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)747-9162 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160047

THOMAS ROBERT AGUILERA  
SIDECAR LLC  
SIDECAR  
4554 E CAMP LOWELL DR  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

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

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

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

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100195 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 4/11/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: SIDECAR \_\_\_\_\_  
139 S EASTBOURNE AVE \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: pending \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160048

WILLIAM ESSON  
SCOTTISH STEIN TAVERN  
190 N MINDY PL  
TUCSON AZ 85748

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100051 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Inactive Status Date: 10/1/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: \_\_\_\_\_  
Location: SCOTTISH STEIN TAVERN \_\_\_\_\_  
8060 E 22ND ST #118 \_\_\_\_\_  
TUCSON, AZ 85710 \_\_\_\_\_  
Business Phone: (520)885-2272 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160049

JOHN ANTHONY ALDECOA  
BROTHER JOHN'S BBQ LLC  
BROTHER JOHN'S BEER BOURBON & BBQ  
1801 N STONE AVE  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100110 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 7/27/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JOHN ANTHONY ALDECOA \_\_\_\_\_  
Location: BROTHER JOHN'S BEER BOURBON & BBQ \_\_\_\_\_  
1801 N STONE AVE \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)867-6787 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160050

CHRISTOPHER HALLER SHEAFE  
DEL LAGO GOLF LLC  
DEL LAGO GOLF CLUB  
C/O THE ESTES COMPANY  
1010 N FINANCE CENTER DRIVE #200  
TUCSON AZ 85710

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100246 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/19/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: CHRISTOPHER HALLER SHEAFE \_\_\_\_\_  
Location: DEL LAGO GOLF CLUB \_\_\_\_\_  
14155 E VIA RANCHO DEL LAGO \_\_\_\_\_  
VAIL, AZ 85641 \_\_\_\_\_  
Business Phone: (520)647-1100 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160051

JANET ELAINEPETRAUSKA BLACKWELL  
ONE WEST STAR INC  
CAFE TREMOLO  
3388 W EVENING STAR CT  
TUCSON AZ 85741

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104027 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/6/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: JANET ELAINE PETRAUSKA BLACKWELL \_\_\_\_\_  
Location: CAFE TREMOLO \_\_\_\_\_  
7401 N LA CHOLLA BLVD STE 152 \_\_\_\_\_  
TUCSON, AZ 85741 \_\_\_\_\_  
Business Phone: (520)742-2999 \_\_\_\_\_  
% 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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160052

ROBERT KEVIN CRAWFORD  
NEW YORK PIZZA  
8771 E BROADWAY BLVD  
TUCSON AZ 85710

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100060 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/3/2000  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: \_\_\_\_\_  
Location: NEW YORK PIZZA \_\_\_\_\_  
8771 E BROADWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85710 \_\_\_\_\_  
Business Phone: (520)885-0116 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160053

CLINTON GUARDNER J BOLIN  
NEW VENTURE INC  
STATION  
8235 N SILVERBELL RD STE #105  
TUCSON AZ 85743

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104178 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/9/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: CLINTON GUARDNER J BOLIN \_\_\_\_\_  
Location: STATION \_\_\_\_\_  
8235 N SILVERBELL RD 105 \_\_\_\_\_  
TUCSON, AZ 85743 \_\_\_\_\_  
Business Phone: (520)891-7235 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

- 1) \_\_\_\_\_  
Name Street City County Zip
- 2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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**

RI160054

KYONG ME BAKER  
K B RIGHT INC  
KOREA HOUSE RESTAURANT  
4030 E SPEEDWAY  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103712 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/18/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KYONG ME BAKER \_\_\_\_\_  
Location: KOREA HOUSE RESTAURANT \_\_\_\_\_  
4030 E SPEEDWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)325-4377 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160055

KUMARS SOLAIMAN TEHRANI  
KJJST ENTERTAINMENT LLC  
CLUB XS  
5851 E SPEEDWAY #141  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100211 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/2/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KUMARS SOLAIMAN TEHRANI \_\_\_\_\_  
Location: CLUB XS \_\_\_\_\_  
5851 E SPEEDWAY #141 \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)885-3030 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160056

DANNY ROY THOMAS  
DIABLO BURGER TUCSON LLC  
DIABLO BURGER  
P O BOX 1894  
FLAGSTAFF AZ 86002

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104208 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 2/21/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: DANNY ROY THOMAS \_\_\_\_\_  
Location: DIABLO BURGER \_\_\_\_\_  
312 E CONGRESS ST \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)882-2007 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160057

FOUAD KHODR  
PITA JUNGLE ORO VALLEY LLC  
PITA JUNGLE  
7373 E DOUBLETREE RANCH RD #125  
SCOTTSDALE AZ 85258

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104343 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 2/6/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: FOUAD KHODR \_\_\_\_\_  
Location: PITA JUNGLE \_\_\_\_\_  
7090 N ORACLE RD #128 \_\_\_\_\_  
TUCSON, AZ 85704 \_\_\_\_\_  
Business Phone: (520)797-7482 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160058

KHOSROW EDDIE SHIVA  
VAGABUNDO INC  
EDDIE'S COCKTAILS  
3636 N SILVER DR  
TUCSON AZ 85749

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100002 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/24/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KHOSROW EDDIE SHIVA \_\_\_\_\_  
Location: EDDIE'S COCKTAILS \_\_\_\_\_  
8150 E 22 ST #100 \_\_\_\_\_  
TUCSON, AZ 85710 \_\_\_\_\_  
Business Phone: (520)290-8750 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160059

HECTOR ADOLFO HERAS  
H.A.R.D. RESTAURANTS LLC  
EL TACOTOTE  
4811 N STONE AVE  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104203 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/9/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: HECTOR ADOLFO HERAS \_\_\_\_\_  
Location: EL TACOTOTE \_\_\_\_\_  
4811 N STONE AVE \_\_\_\_\_  
TUCSON, AZ 85704 \_\_\_\_\_  
Business Phone: (520)888-3333 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160060

PHILIP JESSE GREEN, SR.  
OB SPORTS GOLF MANAGEMENT (VISTOSO) LLC  
VISTOSO GOLF CLUB  
7025 E GREENWAY PKWY #550  
SCOTTSDALE AZ 85254

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100103 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 9/30/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: PHILIP JESSE GREEN, SR. \_\_\_\_\_  
Location: VISTOSO GOLF CLUB \_\_\_\_\_  
955 W VISTOSO HIGHLANDS DR \_\_\_\_\_  
TUCSON, AZ 85737 \_\_\_\_\_  
Business Phone: (520)797-9900 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160061

GEORGE CHAVEZ PALOMAREZ  
LITTLE MEXICO RESTAURANT INC  
LITTLE MEXICO RESTAURANT  
698 W IRVINGTON RD #3  
TUCSON AZ 85706

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12101267 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/16/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: GEORGE CHAVEZ PALOMAREZ \_\_\_\_\_  
Location: LITTLE MEXICO RESTAURANT \_\_\_\_\_  
698 W IRVINGTON RD #3 \_\_\_\_\_  
TUCSON, AZ 85714 \_\_\_\_\_  
Business Phone: (520)573-2935 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160062

TOMIO ISHII  
RESTAURANT SACHIKO INC  
SACHIKO SUSHI  
1101 N WILMOT RD #109  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103263 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/25/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: TOMIO ISHII \_\_\_\_\_  
Location: SACHIKO SUSHI \_\_\_\_\_  
1101 N WILMOT RD #109 \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)886-7000 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160063

JENNIFER LEA ELCHUCK  
WINE & DINE ENTERPRISES INC  
RUMRUNNER  
3131 E FIRST ST  
TUCSON AZ 85716

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100211 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 7/30/2007  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JENNIFER LEA ELCHUCK \_\_\_\_\_  
Location: RUMRUNNER \_\_\_\_\_  
3131 E FIRST ST \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: (520)326-0121 \_\_\_\_\_

Renewal Fees:  
License Renewal: 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 \_\_\_\_\_ 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**

RI160064

FRED C MARTINEZ  
LATIN AMERICAN SOCIAL CLUB OF PIMA COUNTY  
LATIN AMERICAN SOCIAL CLUB  
437 E 26TH ST  
TUCSON AZ 85713

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100163 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/8/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: FRED C MARTINEZ \_\_\_\_\_  
Location: LATIN AMERICAN SOCIAL CLUB \_\_\_\_\_  
437 E 26TH ST \_\_\_\_\_  
TUCSON, AZ 85713 \_\_\_\_\_  
Business Phone: (520)623-1865 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary



**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160065

ANDREA DAHLMAN LEWKOWITZ  
MCRT ARIZONA BEVERAGE MANAGEMENT LLC  
TOWNEPLACE SUITES TUCSON AIRPORT  
2600 N CENTRAL AVE STE 1775  
PHOENIX AZ 85004

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100125 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 2/13/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ANDREA DAHLMAN LEWKOWITZ \_\_\_\_\_  
Location: TOWNEPLACE SUITES TUCSON AIRPORT \_\_\_\_\_  
6595 S BAY COLONY DRIVE \_\_\_\_\_  
TUCSON, AZ 85706 \_\_\_\_\_  
Business Phone: (520)294-6677 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160066

SCOTT JAMES CUMMINGS  
WILDCAT CAFE INC  
HUT ON FOURTH  
323 E 8TH ST  
TUCSON AZ 85716

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100033 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/3/2000  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: SCOTT JAMES CUMMINGS \_\_\_\_\_  
Location: HUT ON FOURTH \_\_\_\_\_  
305 N HERBERT AVE \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)623-3200 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160067

SCOTT JAMES CUMMINGS  
O'MALLEYS ON FOURTH INC  
O'MALLEYS ON FOURTH  
323 E 8TH ST  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100257 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/5/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: SCOTT JAMES CUMMINGS \_\_\_\_\_  
Location: O'MALLEYS ON FOURTH \_\_\_\_\_  
247 N 4TH AVE \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)623-8600 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary



**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160068

PAUL ADOLPH ALLEN, SR.  
CORRALEJOS INC  
LA HACIENDA # 10  
3225 N SWAN RD # 103 105  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104244 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 8/29/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: PAUL ADOLPH ALLEN, SR. \_\_\_\_\_  
Location: LA HACIENDA # 10 \_\_\_\_\_  
3225 N SWAN RD #103 105 \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)327-1097 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160069

JAMES BRADY MURPHY  
LMCS INC  
KINGFISHER BAR & GRILL  
2564 E GRANT RD  
TUCSON AZ 85716

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12100084 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/29/1993  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JAMES BRADY MURPHY \_\_\_\_\_  
Location: KINGFISHER BAR & GRILL \_\_\_\_\_  
2564 E GRANT RD \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: (520)323-7739 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160070

TAMIE JO HARRISON  
HARRISONS RESTAURANT INC  
MUSIC BOX LOUNGE  
6951 E 22ND ST  
TUCSON AZ 85710

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100069 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 6/18/2002  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: TAMIE JO HARRISON \_\_\_\_\_  
Location: MUSIC BOX LOUNGE \_\_\_\_\_  
6951 E 22ND ST \_\_\_\_\_  
TUCSON, AZ 85710 \_\_\_\_\_  
Business Phone: (520)747-1421 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160071

PETER THOMAS WILKE  
HANDCAR INC  
B LINE  
444 E UNIVERSITY BLVD  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103494 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/6/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: PETER THOMAS WILKE \_\_\_\_\_  
Location: B LINE \_\_\_\_\_  
621 N 4TH AVE \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)882-7575 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160072

SUZANA MARIA DAVILA  
CAFE POCA COSA INC  
CAFE POCA COSA  
110 E PENNINGTON STE 100  
TUCSON AZ 85701

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103711 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 2/22/2006  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: SUZANA MARIA DAVILA \_\_\_\_\_  
Location: CAFE POCA COSA \_\_\_\_\_  
110 E PENNINGTON STE 100 \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)622-6400 \_\_\_\_\_  
% 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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160073

MICHAEL GORDON PAVON  
FIRST CHOICE OF TUCSON LLC  
RAIDERS REEF  
6475 E GOLF LINKS RD  
TUCSON AZ 85730

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100088 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 9/21/1994  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MICHAEL GORDON PAVON \_\_\_\_\_  
Location: RAIDERS REEF \_\_\_\_\_  
6475 E GOLF LINKS RD \_\_\_\_\_  
TUCSON, AZ 85730 \_\_\_\_\_  
Business Phone: (520)745-8125 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160074

KEVIN ARNOLD KRAMBER  
FIESTA GUADALAJARA GRILL LLC  
GUADALAJARA FIESTA GRILL  
536 E WAGON BLUFF DR  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104010 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 2/12/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: GUADALAJARA FIESTA GRILL \_\_\_\_\_  
750 N KOLB \_\_\_\_\_  
TUCSON, AZ 85710 \_\_\_\_\_  
Business Phone: (520)296-1122 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160075

ADAN ARCEO VERBERA  
EL CAPULIN INC  
RANCHO RUSTICO FAMILY MEXICAN RESTAURANT  
9165 E TANQUE VERDE  
TUCSON AZ 85749

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104216 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 2/4/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ADAN ARCEO VERBERA \_\_\_\_\_  
Location: RANCHO RUSTICO FAMILY MEXICAN RESTAURANT \_\_\_\_\_  
8270 S HOUGHTON RD STE 140 \_\_\_\_\_  
TUCSON, AZ 85747 \_\_\_\_\_  
Business Phone: (520)574-2294 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160076

TYLER DARU FENTON  
PENNINGTON RESTAURANT PARTNERS LLC  
REILLY CRAFT PIZZA & DRINK  
6700 N ORACLE RD #504  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100100 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/2/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: TYLER DARU FENTON \_\_\_\_\_  
Location: REILLY CRAFT PIZZA & DRINK \_\_\_\_\_  
101 E PENNINGTON ST \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)882-5550 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160077

GARY THOMAS KILBOURNE  
OUTLAW SALOON LLC  
OUTLAW SALOON  
4630 N FLOWING WELLS RD  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100035 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 4/19/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: GARY THOMAS KILBOURNE \_\_\_\_\_  
Location: OUTLAW SALOON \_\_\_\_\_  
1302 W ROGER RD \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)888-3910 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160078

KEVIN ARNOLD KRAMBER  
HSL AIRPORT HOTEL LLC  
BEST WESTERN HOTEL TUCSON AIRPORT  
536 E WAGON BLUFF DR  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 11103092 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/7/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: BEST WESTERN HOTEL TUCSON AIRPORT \_\_\_\_\_  
6801 S TUCSON BLVD \_\_\_\_\_  
TUCSON, AZ 85706 \_\_\_\_\_  
Business Phone: (520)746-3932 \_\_\_\_\_  
% 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 \_\_\_\_\_ 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**

RI160079

JESUS MANUEL ALTAMIRANO  
FPSW LLC  
FIRED PIE  
2733 N POWER RD STE 102-198  
MESA AZ 85215

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104401 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 2/8/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JESUS MANUEL ALTAMIRANO \_\_\_\_\_  
Location: FIRED PIE \_\_\_\_\_  
2645 E SPEEDWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: (520)326-8985 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160080

ANTHONY DENISON TERRY, JR.  
BACK HOME INC  
GASLIGHT MUSIC HALL  
7010 E BROADWAY BLVD  
TUCSON AZ 85710

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100128 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 7/25/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ANTHONY DENISON TERRY, JR. \_\_\_\_\_  
Location: GASLIGHT MUSIC HALL \_\_\_\_\_  
13005 N ORACLE RD # 110 \_\_\_\_\_  
ORO VALLEY, AZ 85739 \_\_\_\_\_  
Business Phone: (520)529-1000 \_\_\_\_\_

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# 07100247 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/15/2007  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ANTHONY DENISON TERRY, JR. \_\_\_\_\_  
Location: GASLIGHT THEATRE / LITTLE ANTHONY'S \_\_\_\_\_  
7010 E BROADWAY \_\_\_\_\_  
TUCSON, AZ 85710 \_\_\_\_\_  
Business Phone: (520)886-4116 \_\_\_\_\_

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# 12104417 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 5/20/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ANTHONY DENISON TERRY, JR. \_\_\_\_\_  
Location: GASLIGHT MUSIC HALL \_\_\_\_\_  
13005 N ORACLE RD # 110 \_\_\_\_\_  
ORO VALLEY, AZ 85739 \_\_\_\_\_  
Business Phone: (520)529-1000 \_\_\_\_\_  
% 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 \_\_\_\_\_ 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**

RI160081

LISA ANNE MARKHAM  
TOMMY'S SALOON INC  
TOMMY'S SALOON  
2747 N STONE AVE  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100045 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/16/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: LISA ANNE MARKHAM \_\_\_\_\_  
Location: TOMMY'S SALOON \_\_\_\_\_  
2747 N STONE AVE \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)884-7738 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160082

TAFT LAWRENCE JACOB  
JACOB ENTERPRISES INC  
CLUB 21  
2920 N ORACLE  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100109 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/11/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: TAFT LAWRENCE JACOB \_\_\_\_\_  
Location: CLUB 21 \_\_\_\_\_  
2920 N ORACLE \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)622-3092 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160083

WILLIAM OWEN NUGENT  
SHANTY CAFE INC  
SHANTY  
401 E 9TH ST  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100171 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/2/1992  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: WILLIAM OWEN NUGENT \_\_\_\_\_  
Location: SHANTY \_\_\_\_\_  
401 E 9TH ST \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)623-2664 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160084

RANDY D NATIONS  
TUCSON EAST LLC  
ZINBURGER  
P O BOX 2502  
CHANDLER AZ 85224

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103707 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/15/2005  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: RANDY D NATIONS \_\_\_\_\_  
Location: ZINBURGER \_\_\_\_\_  
6390 E GRANT RD \_\_\_\_\_  
TUCSON, AZ 85715 \_\_\_\_\_  
Business Phone: (520)298-2020 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160085

NGUU DU  
TAIYO LIMITED LIABILITY COMPANY  
SUSHI CHO  
1830 E BROADWAY BLVD STE 148  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100202 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/23/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: NGUU DU \_\_\_\_\_  
Location: SUSHI CHO \_\_\_\_\_  
1830 E BROADWAY BLVD STE 148 \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)628-8800 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160086

KEVIN ARNOLD KRAMBER  
STILLHOUSE BAR & GRILL LLC  
STILLHOUSE GRILL & BAR  
536 E WAGON BLUFF DR  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104345 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/30/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: STILLHOUSE GRILL & BAR \_\_\_\_\_  
9155 E TANQUE VERDE RD #177 \_\_\_\_\_  
TUCSON, AZ 85749 \_\_\_\_\_  
Business Phone: (520)749-2299 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160087

JOSEPH R CESARE  
BROADWAY HOTEL CORP  
VISCOUNT SUITE HOTEL  
4855 E BROADWAY  
TUCSON AZ 85711

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 11100008 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/13/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JOSEPH R CESARE \_\_\_\_\_  
Location: VISCOUNT SUITE HOTEL \_\_\_\_\_  
4855 E BROADWAY \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)745-6500 \_\_\_\_\_  
% 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 \_\_\_\_\_ 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**

RI160088

IN SUK PARK  
 O SUSHI PARK INC  
 O SUSHI  
 4689 E SPEEDWAY BLVD  
 TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
 A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104434 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 6/21/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: IN SUK PARK \_\_\_\_\_  
Location: O SUSHI \_\_\_\_\_  
4689 E SPEEDWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)325-6552 \_\_\_\_\_  
% 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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160089

STEPHEN HURD  
RELISH WINE PUB & DELI LLC  
RELISH KITCHEN & WINE BAR  
4060 E CAMP LOWELL DR  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104220 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/20/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: STEPHEN HURD \_\_\_\_\_  
Location: RELISH KITCHEN & WINE BAR \_\_\_\_\_  
4660 E CAMP LOWELL DR \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)300-4529 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160090

KELLY TIMOTHY LIU  
SAKURA TEPPAN STEAK & SEAFOOD LLC  
SAKURA TEPPAN STEAK & SEAFOOD RESTAURANT  
6534 E TANQUE VERDE RD  
TUCSON AZ 85715

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103903 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 10/16/2012  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: KELLY TIMOTHY LIU \_\_\_\_\_  
Location: SAKURA TEPPAN STEAK & SEAFOOD RESTAURANT \_\_\_\_\_  
6534 E TANQUE VERDE RD \_\_\_\_\_  
TUCSON, AZ 85715 \_\_\_\_\_  
Business Phone: (520)298-7777 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160091

RAMIRO SALAZAR FLORES, JR.  
DOS ATMC LLC  
AMIGOS BURGERS & BEER  
55 W FRANKLIN  
TUCSON AZ 85701

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104182 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/23/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: RAMIRO SALAZAR FLORES, JR. \_\_\_\_\_  
Location: AMIGOS BURGERS & BEER \_\_\_\_\_  
6372 S NOGALES HWY \_\_\_\_\_  
TUCSON, AZ 85706 \_\_\_\_\_  
Business Phone: (520)889-3513 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160092

PETER GORDON TOONE  
TOONE ENTERPRISES INC  
TUCSON INDOOR SPORTS CENTER  
1065 W GRANT RD  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104190 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/9/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: PETER GORDON TOONE \_\_\_\_\_  
Location: TUCSON INDOOR SPORTS CENTER \_\_\_\_\_  
1065 W GRANT RD \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)624-1234 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160093

KENNETH DAVID RUBINSTEIN  
DAVID POWELL ARIZONA PIZZA COMPANY  
ARIZONA PIZZA COMPANY  
5855 E BROADWAY BLVD #114  
TUCSON AZ 85711

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104212 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/7/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KENNETH DAVID RUBINSTEIN \_\_\_\_\_  
Location: ARIZONA PIZZA COMPANY \_\_\_\_\_  
5855 E BROADWAY BLVD #114 \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)514-0909 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160094

H J LEWKOWITZ  
CHRISTIE'S CABARET OF TUCSON LLC  
CHRISTIE'S CABARET  
2600 N CENTRAL AVE STE 1775  
PHOENIX AZ 85004

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100227 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 4/3/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: H J LEWKOWITZ \_\_\_\_\_  
Location: CHRISTIE'S CABARET \_\_\_\_\_  
6608 S TUCSON BLVD \_\_\_\_\_  
TUCSON, AZ 85706 \_\_\_\_\_  
Business Phone: (520)294-0970 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160095

GARY DON BYNUM  
LAFFS COMEDY NIGHTCLUBS LTD  
LAFFS COMEDY CAFFE  
3530 N CAMINO CANTIL  
TUCSON AZ 85749

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100247 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/1/2008  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: GARY DON BYNUM \_\_\_\_\_  
Location: LAFFS COMEDY CAFFE \_\_\_\_\_  
2900 E BROADWAY STE 160 \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: (520)323-8669 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160096

JULIO SAMUEL GARCIA VALLE  
MENDALIZ GROUP LLC  
MARISCOS CHIHUAHUA  
4185 W INA RD  
TUCSON AZ 85741

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103993 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/7/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JULIO SAMUEL GARCIA VALLE \_\_\_\_\_  
Location: MARISCOS CHIHUAHUA \_\_\_\_\_  
4185 W INA RD \_\_\_\_\_  
TUCSON, AZ 85741 \_\_\_\_\_  
Business Phone: (520)572-2523 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160097

ANDREA DAHLMAN LEWKOWITZ  
LVC HOTEL LLC  
LOEWS VENTANA CANYON RESORT  
2600 N CENTRAL AVE STE 1775  
PHOENIX AZ 85004

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100142 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 2/19/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ANDREA DAHLMAN LEWKOWITZ \_\_\_\_\_  
Location: LOEWS VENTANA CANYON RESORT \_\_\_\_\_  
7000 N RESORT DR \_\_\_\_\_  
TUCSON, AZ 85750 \_\_\_\_\_  
Business Phone: (520)299-2020 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160098

FORREST LOGAN METZ  
PIMA COUNTY FAIR HORSE RACING COMMISSION  
RILLITO PARK RACE TRACK  
877 S ALVERNON WAY # 200  
TUCSON AZ 85711

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100581 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/1/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: FORREST LOGAN METZ \_\_\_\_\_  
Location: RILLITO PARK RACE TRACK \_\_\_\_\_  
4502 N 1ST AVE \_\_\_\_\_  
TUCSON, AZ 85718 \_\_\_\_\_  
Business Phone: (520)318-3800 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 35.00  
Total: 250.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_ 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**

RI160099

ADEJ CHOTICHUTI  
BANGKOK CAFE LLC  
BANGKOK CAFE  
3778 E GRANT RD  
TUCSON AZ 85716

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103590 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/15/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ADEJ CHOTICHUTI \_\_\_\_\_  
Location: BANGKOK CAFE \_\_\_\_\_  
2511 E SPEEDWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: (520)323-6555 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160100

MICHAEL CONRAD KRAMKOWSKI  
KRISM LLC  
I B T'S  
616 N 4TH AVE  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100056 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/9/2008  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MICHAEL CONRAD KRAMKOWSKI \_\_\_\_\_  
Location: I B T'S \_\_\_\_\_  
616 N 4TH AVE \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)882-3053 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160101

ALICIA R HEISERER  
TUCSON GREYHOUND PARK INC  
TUCSON GREYHOUND PARK  
2601 S 3RD AVE  
TUCSON AZ 85713

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100087 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/4/2007  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ALICIA R HEISERER \_\_\_\_\_  
Location: TUCSON GREYHOUND PARK \_\_\_\_\_  
2601 S 3RD AVE \_\_\_\_\_  
TUCSON, AZ 85713 \_\_\_\_\_  
Business Phone: (520)884-7576 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160102

BRIAN SCOTT STEVENS  
WILDCAT GOLF PARTNERS LLC  
CROOKED TREE GOLF COURSE  
9101 N THORNYDALE RD  
TUCSON AZ 85742

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100036 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/14/2005  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: BRIAN SCOTT STEVENS \_\_\_\_\_  
Location: CROOKED TREE GOLF COURSE \_\_\_\_\_  
9101 N THORNYDALE RD \_\_\_\_\_  
TUCSON, AZ 85742 \_\_\_\_\_  
Business Phone: (520)744-3366 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160103

STEVE JOSEPH ANSELMO  
A AND J SPORTS LLC  
HOME PLATE  
4880 E 22ND ST  
TUCSON AZ 85711

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100169 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 8/17/2004  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: STEVE JOSEPH ANSELMO \_\_\_\_\_  
Location: HOME PLATE \_\_\_\_\_  
4880 E 22ND ST \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)745-8265 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160104

RANDY MINER CRAMBLIT  
R PLACE BAR & GRILL LLC  
R PLACE BAR & GRILL  
3412 N DODGE BLVD  
TUCSON AZ 85716

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100016 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Inactive Status Date: 3/1/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: RANDY MINER CRAMBLIT \_\_\_\_\_  
Location: R PLACE BAR & GRILL \_\_\_\_\_  
3412 N DODGE BLVD \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: (520)881-9048 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160105

FRANK MARTIN SILVERMAN  
FM SILVER CORPORATION  
MIDTOWN BAR AND GRILL  
6958 E CALLE DORADO  
TUCSON AZ 85715

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100180 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/22/2008  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: FRANK MARTIN SILVERMAN \_\_\_\_\_  
Location: MIDTOWN BAR AND GRILL \_\_\_\_\_  
4915 E SPEEDWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)327-2011 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160106

JOHN ROBERT LASHLEY  
START TUCSON (SHORT TRACK ASPHALT RECING TEAM TUCSON)  
TUCSON SPEEDWAY  
6262 N CAMINO VERDE  
TUCSON AZ 85743

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100283 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/5/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JOHN ROBERT LASHLEY \_\_\_\_\_  
Location: TUCSON SPEEDWAY \_\_\_\_\_  
11955 S HARRISON RD \_\_\_\_\_  
TUCSON, AZ 85747 \_\_\_\_\_  
Business Phone: (520)762-1600 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160107

GEORGE CHAVEZ PALOMAREZ  
LITTLE MEXICO STEAKHOUSE INC  
LITTLE MEXICO STEAKHOUSE  
2851 W VALENCIA RD  
TUCSON AZ 85746

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103596 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/9/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: GEORGE CHAVEZ PALOMAREZ \_\_\_\_\_  
Location: LITTLE MEXICO STEAKHOUSE \_\_\_\_\_  
2851 W VALENCIA RD \_\_\_\_\_  
TUCSON, AZ 85746 \_\_\_\_\_  
Business Phone: (520)578-8852 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160108

THOMAS ROBERT AGUILERA  
MONKEY BURGER ONE LLC  
MONKEY BURGER  
5350 E BROADWAY BLVD #128 & #130  
TUCSON AZ 85711

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103995 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/20/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: MONKEY BURGER \_\_\_\_\_  
5350 E BROADWAY #128 & #130 \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)514-9797 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160109

JOSEPH BROWN HARRIS  
MASTROILO LLC  
MALONEY'S  
213 N 4TH AVE  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100181 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/10/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: JOSEPH BROWN HARRIS \_\_\_\_\_  
Location: MALONEY'S \_\_\_\_\_  
213 N 4TH AVE \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)388-9355 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 35.00  
Total: 250.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_ 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**

RI160110

THOMAS ROBERT AGUILERA  
LONGHORN CATTLE COMPANY LLC  
GREAT AMERICAN STEAKBURGER  
4554 E CAMP LOWELL DR  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104282 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 6/12/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: GREAT AMERICAN STEAKBURGER \_\_\_\_\_  
8995 E TANQUE VERDE RD \_\_\_\_\_  
TUCSON, AZ 85749 \_\_\_\_\_  
Business Phone: (520)721-5855 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160111

MAGDALENO ANDRADE ZAMORA  
LOS NOPALES LLC  
LOS NOPALES RESTAURANT  
3051 S KINNEY RD  
TUCSON AZ 85713

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100193 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 9/30/2008  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MAGDALENO ANDRADE ZAMORA \_\_\_\_\_  
Location: LOS NOPALES RESTAURANT \_\_\_\_\_  
3051 S KINNEY RD \_\_\_\_\_  
TUCSON, AZ 85713 \_\_\_\_\_  
Business Phone: (520)440-3315 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160112

JEFFERY THOMAS GOOCH  
KAMPGROUNDS OF AMERICA INC  
DESERT OASIS CANTINA  
5151 S COUNTRY CLUB RD  
TUCSON AZ 85706

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----

License# 06100065 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Status: Active Status Date: 6/24/2014  
 License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
 Agent: JEFFERY THOMAS GOOCH \_\_\_\_\_  
 Location: DESERT OASIS CANTINA \_\_\_\_\_  
 5151 S COUNTRY CLUB RD \_\_\_\_\_  
 TUCSON, AZ 85706 \_\_\_\_\_  
 Business Phone: (520)741-2219 \_\_\_\_\_

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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary



**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160113

MELQUIADES FABREGAS  
FABREGAS ENTERPRISES INC  
MI TIERRA RESTAURANT  
12995 N ORACLE RD STE #141-161  
ORO VALLEY AZ 85739

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103250 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/4/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MELQUIADES FABREGAS \_\_\_\_\_  
Location: MI TIERRA RESTAURANT \_\_\_\_\_  
16238 N ORACLE RD \_\_\_\_\_  
TUCSON, AZ 85739 \_\_\_\_\_  
Business Phone: (520)825-3040 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160114

NINFA SOLORZANO  
TORTILLERIA JALISCO & RESTAURANT, LLC  
TORTILLERIA JALISCO & RESTAURANT  
425 W IRVINGTON RD  
TUCSON AZ 85714

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103691 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 1/17/2006  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: NINFA SOLORZANO \_\_\_\_\_  
Location: TORTILLERIA JALISCO & RESTAURANT \_\_\_\_\_  
425 W IRVINGTON RD \_\_\_\_\_  
TUCSON, AZ 85714 \_\_\_\_\_  
Business Phone: (520)746-4030 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160115

WAYNE CHRISTOPHER HALLQUIST  
LOS MOLINITOS INC  
LOS MOLINITOS  
2323 N PANTANO RD  
TUCSON AZ 85715

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103659 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 6/15/2005  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: WAYNE CHRISTOPHER HALLQUIST \_\_\_\_\_  
Location: LOS MOLINITOS \_\_\_\_\_  
2323 N PANTANO RD \_\_\_\_\_  
TUCSON, AZ 85715 \_\_\_\_\_  
Business Phone: (520)885-0055 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160116

SALLY XIAO LE  
DRAGONS PALACE  
8576 E BROADWAY BLVD  
TUCSON AZ 85710

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100510 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/5/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: \_\_\_\_\_  
Location: DRAGONS PALACE \_\_\_\_\_  
8576 E BROADWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85710 \_\_\_\_\_  
Business Phone: (520)885-1668 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160117

MICHAEL KEVIN REYNOLDS  
BROOKLYN'S BEER & BURGER LLC  
BROOKLYN'S BEER & BURGERS  
3790 E IRVINGTON RD  
TUCSON AZ 85714

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103999 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/7/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: MICHAEL KEVIN REYNOLDS \_\_\_\_\_  
Location: BROOKLYN'S BEER & BURGERS \_\_\_\_\_  
3790 E IRVINGTON RD \_\_\_\_\_  
TUCSON, AZ 85714 \_\_\_\_\_  
Business Phone: (520)750-6158 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160118

ERIC ANTHONY LOPEZ  
LOPEZ MOLINA GROUP LLC  
PUTNEY'S PITSTOP SPORTS BAR & GRILL  
6090 N ORACLE  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100216 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Inactive Status Date: 4/5/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ERIC ANTHONY LOPEZ \_\_\_\_\_  
Location: PUTNEY'S PITSTOP SPORTS BAR & GRILL \_\_\_\_\_  
6090 N ORACLE RD \_\_\_\_\_  
TUCSON, AZ 85704 \_\_\_\_\_  
Business Phone: (520)575-1767 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160119

DEON WAYNE HARRISON  
CEEDEE JAMAICAN KITCHEN LLC  
CEEDEE JAMAICAN KITCHEN  
5305 E SPEEDWAY BLVD  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104258 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/10/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: DEON WAYNE HARRISON \_\_\_\_\_  
Location: CEEDEE JAMAICAN KITCHEN \_\_\_\_\_  
5305 E SPEEDWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)795-3400 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160120

KEVIN ARNOLD KRAMBER  
FUKUSHU LLC  
OBON SUSHI + BAR + RAMEN  
536 E WAGON BLUFF DR  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104368 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 7/30/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: OBON SUSHI + BAR + RAMEN \_\_\_\_\_  
350 E CONGRESS ST #120 \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)689-6840 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160121

XIANG MEI DENG  
ASIAN WONG LLC  
GOLDEN DRAGON RESTAURANT  
6433 N ORACLE RD  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100214 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/16/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: XIANG MEI DENG \_\_\_\_\_  
Location: GOLDEN DRAGON RESTAURANT \_\_\_\_\_  
6433 N ORACLE RD \_\_\_\_\_  
TUCSON, AZ 85704 \_\_\_\_\_  
Business Phone: (520)297-1862 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160122

CATHERINE J LILLY  
AVALON GARDENS SLOW FOOD ENTERPRISES LLC  
FOOD FOR ASCENSION CAFE  
330 E 7TH ST  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07103500 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Inactive Status Date: 1/15/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: CATHERINE J LILLY \_\_\_\_\_  
Location: FOOD FOR ASCENSION CAFE \_\_\_\_\_  
330 E 7TH ST \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)882-4736 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160123

ANDREA DAHLMAN LEWKOWITZ  
KADENCE RESTAURANT GROUP #2 LLC  
PLAYGROUND  
2600 N CENTRAL AVE #1775  
PHOENIX AZ 85004

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100079 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 9/15/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ANDREA DAHLMAN LEWKOWITZ \_\_\_\_\_  
Location: PLAYGROUND \_\_\_\_\_  
278-282 E CONGRESS ST \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)207-8201 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160124

GARY MICHAEL JOHNSON  
MACAYO RESTAURANTS LLC  
GUADALAJARA ORIGINAL GRILL NORTH  
1480 E BETHANY HOME RD STE 130  
PHOENIX AZ 85014

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100111 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/10/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: GARY MICHAEL JOHNSON \_\_\_\_\_  
Location: GUADALAJARA ORIGINAL GRILL NORTH \_\_\_\_\_  
7360 N ORACLE RD \_\_\_\_\_  
TUCSON, AZ 85704 \_\_\_\_\_  
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# 12103041 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/14/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: GARY MICHAEL JOHNSON \_\_\_\_\_  
Location: MACAYO TUCSON DEL ESTE \_\_\_\_\_  
7040 E BROADWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85710 \_\_\_\_\_  
Business Phone: (520)722-8090 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_  
(Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**\*Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160125

KENJA SHANOL MC LEOD  
LAS BRISAS HOTEL INC  
HAMPTON INN TUCSON AIRPORT  
6971 S TUCSON BLVD  
TUCSON AZ 85756

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100240 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/4/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KENJA SHANOL MC LEOD \_\_\_\_\_  
Location: HAMPTON INN TUCSON AIRPORT \_\_\_\_\_  
6971 S TUCSON BLVD \_\_\_\_\_  
TUCSON, AZ 85756 \_\_\_\_\_  
Business Phone: (520)918-9000 \_\_\_\_\_

Renewal Fees:  
License Renewal: 75.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 35.00  
Total: 175.00

-----  
License# 11103058 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/4/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KENJA SHANOL MC LEOD \_\_\_\_\_  
Location: FOUR POINTS BY SHERATON TUCSON AIRPORT \_\_\_\_\_  
7060 S TUCSON BLVD \_\_\_\_\_  
TUCSON, AZ 85756 \_\_\_\_\_  
Business Phone: (520)746-0271 \_\_\_\_\_  
% 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**

RI160126

LAUREN KAY MERRETT  
WYNDHAM HOTEL MANAGEMENT INC  
WESTWARD LOOK A WYNDHAM GRAND RESORT & SPA  
22 SYLVAN WAY  
PARSIPPANY NJ 07054

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 11103077 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 5/14/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: LAUREN KAY MERRETT \_\_\_\_\_  
Location: WESTWARD LOOK A WYNDHAM GRAND RESORT & SPA \_\_\_\_\_  
245 E INA RD \_\_\_\_\_  
TUCSON, AZ 85704 \_\_\_\_\_  
Business Phone: (520)297-1151 \_\_\_\_\_  
% 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 \_\_\_\_\_ 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**

RI160127

MATHEW JOHN CABLE  
M J CABLE LLC  
FRESCO PIZZERIA & PASTARIA  
3011 E SPEEDWAY BLVD  
TUCSON AZ 85716

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104423 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 7/6/2016  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: MATHEW JOHN CABLE \_\_\_\_\_  
Location: FRESCO PIZZERIA & PASTARIA \_\_\_\_\_  
3011 E SPEEDWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: (520)881-5555 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160128

RANDY D NATIONS  
GASTRAK OF LUKEVILLE LLC  
GASTRAK OF LUKEVILLE  
PO BOX 2502  
CHANDLER AZ 85244

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100112 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/18/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: RANDY D NATIONS \_\_\_\_\_  
Location: GASTRAK OF LUKEVILLE \_\_\_\_\_  
205 N HWY 85 \_\_\_\_\_  
LUKEVILLE, AZ 85341 \_\_\_\_\_  
Business Phone: (520)387-5507 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160129

JARED MICHAEL REPINSKI  
NNYDDK SPEEDWAY LLC  
NATIVE GRILL & WINGS  
2760 N STONE AVE  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104174 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 8/2/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JARED MICHAEL REPINSKI \_\_\_\_\_  
Location: NATIVE GRILL & WINGS \_\_\_\_\_  
3100 E SPEEDWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: (520)325-3489 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160130

MAHNAZ MOSLEM  
M & M RESTAURANTS LLC  
VERONA ITALIAN RESTAURANT  
120 S HOUGHTON RD #174  
TUCSON AZ 85748

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103268 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/27/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MAHNAZ MOSLEM \_\_\_\_\_  
Location: VERONA ITALIAN RESTAURANT \_\_\_\_\_  
120 S HOUGHTON RD #174 \_\_\_\_\_  
TUCSON, AZ 85748 \_\_\_\_\_  
Business Phone: (520)722-2722 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160131

JESUS MANUEL ALTAMIRANO  
FPCP LLC  
FIRED PIE  
2733 N POWER RD STE 102-198  
MESA AZ 85215

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104304 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/5/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JESUS MANUEL ALTAMIRANO \_\_\_\_\_  
Location: FIRED PIE \_\_\_\_\_  
350 E CONGRESS ST STE 150 \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)398-7942 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160132

RANDY D NATIONS  
LA ENCANTADA GROUP LLC  
BLANCO RESTAURANT  
4455 E CAMELBACK RD #B100  
PHOENIX AZ 85018

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103800 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 4/19/2007  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: RANDY D NATIONS \_\_\_\_\_  
Location: BLANCO RESTAURANT \_\_\_\_\_  
2905 E SKYLINE DR #246 \_\_\_\_\_  
TUCSON, AZ 85718 \_\_\_\_\_  
Business Phone: (520)232-1007 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160133

THOMAS ROBERT AGUILERA  
DEPOT PARTNERS LLC  
MAYNARDS MARKET & KITCHEN  
4554 E CAMP LOWELL DR  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07101008 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/21/2008  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: MAYNARDS MARKET & KITCHEN \_\_\_\_\_  
400 N TOOLE AVE \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)545-0577 \_\_\_\_\_

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# 12103892 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/21/2008  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: MAYNARDS MARKET & KITCHEN \_\_\_\_\_  
400 N TOOLE AVE \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)545-0577 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_  
(Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**\*Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160134

HORTENCIA MARTINEZ SANCHEZ  
CARNITAS YOCA ENTERPRISES LLC  
CARNITAS LA YOCA  
3530 S 6TH AVE  
TUCSON AZ 85713

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104439 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 7/26/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: HORTENCIA MARTINEZ SANCHEZ \_\_\_\_\_  
Location: CARNITAS LA YOCA \_\_\_\_\_  
3530 S 6TH AVE \_\_\_\_\_  
TUCSON, AZ 85713 \_\_\_\_\_  
Business Phone: (520)907-2662 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160135

WILLIAM JOHN ELLIOTT  
ELLIOTT'S ON CONGRESS LLC  
ELLIOTT'S ON CONGRESS  
135 E CONGRESS ST  
TUCSON AZ 85701

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104169 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 6/8/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: WILLIAM JOHN ELLIOTT \_\_\_\_\_  
Location: ELLIOTT'S ON CONGRESS \_\_\_\_\_  
135 E CONGRESS ST \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)622-5500 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160136

JIMMY ANDREW LOPEZ  
MI NIDITO RESTAURANT INC  
MI NIDITO  
1813 S 4TH AVE  
TUCSON AZ 85713

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12100155 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/2/2006  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JIMMY ANDREW LOPEZ \_\_\_\_\_  
Location: MI NIDITO \_\_\_\_\_  
1813 S 4TH AVE \_\_\_\_\_  
TUCSON, AZ 85713 \_\_\_\_\_  
Business Phone: (520)622-5081 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160137

AMY HONGHUI CHEN  
HAPPYTIME LLC  
HAPPY WOK  
9040 E VALENCIA RD #188  
TUCSON AZ 85747

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104363 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 7/7/2015  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: AMY HONGHUI CHEN \_\_\_\_\_  
Location: HAPPY WOK \_\_\_\_\_  
9040 E VALENCIA RD #188 \_\_\_\_\_  
TUCSON, AZ 85747 \_\_\_\_\_  
Business Phone: (520)663-3888 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160138

TIMOTHY L DONALDSON  
WFGN LLC  
GOLDEN NUGGET TAVERN  
2617 N 1ST AVE  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----

License# 06100120 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Status: Active Status Date: 10/3/2005  
 License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
 Agent: TIMOTHY L DONALDSON \_\_\_\_\_  
 Location: GOLDEN NUGGET TAVERN \_\_\_\_\_  
 2617 N 1ST AVE \_\_\_\_\_  
 TUCSON, AZ 85719 \_\_\_\_\_  
 Business Phone: (520)624-7510 \_\_\_\_\_

Renewal Fees:

License Renewal:	150.00
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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary



**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160139

SOOK JA PARK  
S & B ICHIBAN SUSHI INC  
ICHIBAN JAPANESE RESTAURANT  
64 N HARRISON #120  
TUCSON AZ 85748

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103593 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/18/2006  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: SOOK JA PARK \_\_\_\_\_  
Location: ICHIBAN JAPANESE RESTAURANT \_\_\_\_\_  
64 N HARRISON #120 \_\_\_\_\_  
TUCSON, AZ 85748 \_\_\_\_\_  
Business Phone: (520)393-7777 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160140

RAYMOND GILBERT FLORES  
EL CHARRO ENTERPRISES INC  
EL CHARRO RESTAURANT  
847 E 18TH  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100068 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 9/29/1997  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: RAYMOND GILBERT FLORES \_\_\_\_\_  
Location: EL CHARRO RESTAURANT \_\_\_\_\_  
311 N COURT AVE \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)622-5465 \_\_\_\_\_

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# 12101069 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 8/29/1988  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: RAYMOND GILBERT FLORES \_\_\_\_\_  
Location: EL CHARRO RESTAURANT \_\_\_\_\_  
311 N COURT AVE \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)622-5465 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_  
(Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**\*Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160141

THOMAS CASS COLLINS  
COAH TUCSON  
191 TOOLE  
3417 W BROWARD TR  
TUCSON AZ 85741

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100005 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Pending Status Date: 7/20/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS CASS COLLINS \_\_\_\_\_  
Location: 191 TOOLE \_\_\_\_\_  
191 E TOOLE AVE \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)270-7013 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160142

CHIH TING LIN  
HUO YUAN LLC  
GRAIN RIVER ASIAN BISTRO RESTAURANT  
12985 N ORACLE RD STE #125  
ORO VALLEY AZ 85737

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104091 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 3/28/2011  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: CHIH TING LIN \_\_\_\_\_  
Location: GRAIN RIVER ASIAN BISTRO RESTAURANT \_\_\_\_\_  
12985 N ORACLE RD STE #125 \_\_\_\_\_  
ORO VALLEY, AZ 85737 \_\_\_\_\_  
Business Phone: (520)818-1555 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160143

DANNY ROY THOMAS  
SLO NUMBER THREE LLC  
PROPER  
P O BOX Z  
FLAGSTAFF AZ 86002

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104209 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 2/21/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: DANNY ROY THOMAS \_\_\_\_\_  
Location: PROPER \_\_\_\_\_  
300 E CONGRESS ST \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)396-3357 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160144

KEVIN ARNOLD KRAMBER  
HOLZMAN PROPERTY LLC  
GUADALAJARA GRILL  
536 E WAGON BLUFF DR  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103891 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/29/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: GUADALAJARA GRILL \_\_\_\_\_  
1220 E PRINCE RD \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)323-1022 \_\_\_\_\_  
% 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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160145

GARY A WELCH  
BOULEVARD INVESTMENTS LTD  
DIRTBAG'S  
1800 E SPEEDWAY  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100122 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/9/1988  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: GARY A WELCH \_\_\_\_\_  
Location: DIRTBAG'S \_\_\_\_\_  
1800 E SPEEDWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)326-2600 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160146

SONNY KIM TRAN  
PHO #1 LLC  
PHO #1 VIETNAMESE RESTAURANT  
2226 N STONE AVE  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100083 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/22/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: SONNY KIM TRAN \_\_\_\_\_  
Location: PHO #1 VIETNAMESE RESTAURANT \_\_\_\_\_  
2226 N STONE AVE \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)670-1705 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160147

AMANUEL G GEBREMARIAM  
ZEMAM'S TOO LLC  
ZEMAM'S TOO! AN AFRICAN EATERY  
119 E SPEEDWAY BLVD  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100099 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/30/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: AMANUEL G GEBREMARIAM \_\_\_\_\_  
Location: ZEMAM'S TOO! AN AFRICAN EATERY \_\_\_\_\_  
119 E SPEEDWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)882-4955 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160148

JASON LAM  
JY LAM LIMITED LIABILITY COMPANY  
PHO 88  
2746 N CAMPBELL AVE  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100106 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 4/7/2003  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JASON LAM \_\_\_\_\_  
Location: PHO 88 \_\_\_\_\_  
2746 N CAMPBELL AVE \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)881-8883 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160149

JAMES BRIAN LATTA  
OCG LLC  
CHUY'S MESQUITE BROILER  
7101 E 22ND ST  
TUCSON AZ 85710

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104181 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 7/31/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JAMES BRIAN LATTA \_\_\_\_\_  
Location: CHUY'S MESQUITE BROILER \_\_\_\_\_  
7585 S HOUGHTON RD \_\_\_\_\_  
TUCSON, AZ 85747 \_\_\_\_\_  
Business Phone: (520)663-3691 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

- 1) \_\_\_\_\_  
Name Street City County Zip
- 2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160150

MICHAEL JAMES CESARIO  
SALTY DAWG II  
6121 E BROADWAY BLVD STE 136  
TUCSON AZ 85711

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100256 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/2/2001  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: \_\_\_\_\_  
Location: SALTY DAWG II \_\_\_\_\_  
6121 E BROADWAY BLVD STE 136 \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)790-3294 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160151

RASHPAL SINGH BHATTI  
JOTI INC  
SHERE PUNJAB HOMESTYLE CUISINE OF INDIA  
853 E GRANT RD  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103264 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/1/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: RASHPAL SINGH BHATTI \_\_\_\_\_  
Location: SHERE PUNJAB HOMESTYLE CUISINE OF INDIA \_\_\_\_\_  
853 E GRANT RD \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)624-9393 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160152

JAMES FAMIGHETTI  
JFAMIG LLC  
JIMMY'S CANAL STREET PIZZERIA  
5655 E RIVER #111  
TUCSON AZ 85750

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103991 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/8/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: JAMES FAMIGHETTI \_\_\_\_\_  
Location: JIMMY'S CANAL STREET PIZZERIA \_\_\_\_\_  
5655 E RIVER RD #111 \_\_\_\_\_  
TUCSON, AZ 85750 \_\_\_\_\_  
Business Phone: (520)615-2262 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160153

YOSHINOBU SHIRATORI  
YSM LIMITED LIABILITY COMPANY  
SUSHI ON ORACLE  
6449 N ORACLE RD  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103438 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/6/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: YOSHINOBU SHIRATORI \_\_\_\_\_  
Location: SUSHI ON ORACLE \_\_\_\_\_  
6449 N ORACLE RD \_\_\_\_\_  
TUCSON, AZ 85704 \_\_\_\_\_  
Business Phone: (520)297-3615 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

- 1) \_\_\_\_\_  
Name Street City County Zip
- 2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160154

NICHOLAS CARL GUTTILLA  
TUCSON HOSPITALITY PROPERTIES LLLP  
BEST WESTERN INN SUITES HOTEL & SUITES-TUCSON CATALINA FOOTH  
1625 E NORTHERN AVE #105  
PHOENIX AZ 85020

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 11103096 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 3/24/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: NICHOLAS CARL GUTTILLA \_\_\_\_\_  
Location: BEST WESTERN INN SUITES HOTEL & SUITES-TUCSON CATALINA FOOTH \_\_\_\_\_  
6201 N ORACLE RD \_\_\_\_\_  
TUCSON, AZ 85704 \_\_\_\_\_  
Business Phone: (520)297-8111 \_\_\_\_\_  
% 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 \_\_\_\_\_ 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**

RI160155

SCOTT JAMES CUMMINGS  
SLAINTE INC  
BOB DOBBS  
323 E 8TH ST  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103242 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/3/2000  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: SCOTT JAMES CUMMINGS \_\_\_\_\_  
Location: BOB DOBBS \_\_\_\_\_  
2501 E 6TH ST \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: (520)325-3767 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160156

BAOLAN ZHANG  
MEI HON TSING TAO RESTAURANT  
1030 E IRVINGTON RD  
TUCSON AZ 85714

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100505 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 3/6/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: \_\_\_\_\_  
Location: MEI HON TSING TAO RESTAURANT \_\_\_\_\_  
1030 E IRVINGTON RD \_\_\_\_\_  
TUCSON, AZ 85714 \_\_\_\_\_  
Business Phone: (520)294-8739 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160157

THOMAS ALOYSIUS HINES  
ARC SANTA CATALINA INC  
BROOKDALE SANTA CATALINA  
7500 N CALLE SIN ENVIDIA  
TUCSON AZ 85718

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12101111 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/20/2006  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ALOYSIUS HINES \_\_\_\_\_  
Location: BROOKDALE SANTA CATALINA \_\_\_\_\_  
7500 N CALLE SIN ENVIDIA \_\_\_\_\_  
TUCSON, AZ 85718 \_\_\_\_\_  
Business Phone: (520)742-6242 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160158

DAGOBERTO MARTINEZ  
STREET TACO & BEER COMPANY  
STREET TACO & BEER  
8626 E 3RD ST  
TUCSON AZ 85710

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104306 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/24/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: DAGOBERTO MARTINEZ \_\_\_\_\_  
Location: STREET TACO & BEER \_\_\_\_\_  
58 W CONGRESS ST \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)269-6266 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160159

GIUSEPPINA G COLOSIMO  
ALI FOODS INC  
TRATTORIA PINA  
5541 N SWAN RD  
TUCSON AZ 85718

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100002 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/18/2006  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: GIUSEPPINA G COLOSIMO \_\_\_\_\_  
Location: TRATTORIA PINA \_\_\_\_\_  
5541 N SWAN RD \_\_\_\_\_  
TUCSON, AZ 85718 \_\_\_\_\_  
Business Phone: (520)577-6992 \_\_\_\_\_

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# 12103100 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/11/1996  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: GIUSEPPINA G COLOSIMO \_\_\_\_\_  
Location: TRATTORIA PINA \_\_\_\_\_  
5541 N SWAN RD \_\_\_\_\_  
TUCSON, AZ 85718 \_\_\_\_\_  
Business Phone: (520)577-6992 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_  
(Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**\*Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160160

GREGORY E CHESNEY  
OVER PAR CO  
OVER PAR SNACK SHOP & LOUNGE  
110 N ABREGO DR  
GREEN VALLEY AZ 85614

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100183 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/9/2003  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: GREGORY E CHESNEY \_\_\_\_\_  
Location: OVER PAR SNACK SHOP & LOUNGE \_\_\_\_\_  
110 N ABREGO DR \_\_\_\_\_  
GREEN VALLEY, AZ 85614 \_\_\_\_\_  
Business Phone: (520)625-2522 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160161

DAVID SCOTT WALLIS  
VENTURE 'N INC  
VENTURE N  
1239 N 6TH AVE  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100248 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/6/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: DAVID SCOTT WALLIS \_\_\_\_\_  
Location: VENTURE N \_\_\_\_\_  
1239 N 6TH AVE \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)882-8224 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160162

CHRISTOPHER MICHAEL ROCKWOOD  
SULLIVAN'S OF ARIZONA INC  
SULLIVAN'S STEAKHOUSE  
930 S KIMBALL AVE #100  
SOUTHLAKE TX 76092

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103359 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/11/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: CHRISTOPHER MICHAEL ROCKWOOD \_\_\_\_\_  
Location: SULLIVAN'S STEAKHOUSE \_\_\_\_\_  
1785 E RIVER RD \_\_\_\_\_  
TUCSON, AZ 85718 \_\_\_\_\_  
Business Phone: (520)299-4275 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160163

WILLIAM C CHONIS  
TINO'S PIZZA INC  
TINO'S PIZZA  
6610 E TANQUE VERDE  
TUCSON AZ 85715

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100041 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/7/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: WILLIAM C CHONIS \_\_\_\_\_  
Location: TINO'S PIZZA \_\_\_\_\_  
6610 E TANQUE VERDE RD \_\_\_\_\_  
TUCSON, AZ 85715 \_\_\_\_\_  
Business Phone: (520)296-9656 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160164

ARIC KAISER MUSSMAN  
MUSSMAN BROTHERS LLC  
NOBLE HOPS GASTRO PUB  
4020 N VIA DE CUERNS  
TUCSON AZ 85718

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104071 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 4/12/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ARIC KAISER MUSSMAN \_\_\_\_\_  
Location: NOBLE HOPS GASTRO PUB \_\_\_\_\_  
1335 W LAMBERT LN #101 \_\_\_\_\_  
ORO VALLEY, AZ 85737 \_\_\_\_\_  
Business Phone: (520)797-4677 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160165

LONNIE MICHAEL LISTER  
 SKYLINE COUNTRY CLUB MANAGEMENT LP  
 SKYLINE COUNTRY CLUB  
 P O BOX 2502  
 CHANDLER AZ 85244

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
 A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100126 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/8/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: LONNIE MICHAEL LISTER \_\_\_\_\_  
Location: SKYLINE COUNTRY CLUB \_\_\_\_\_  
5200 E ST ANDREWS DR \_\_\_\_\_  
TUCSON, AZ 85718 \_\_\_\_\_  
Business Phone: (520)299-1111 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160166

KEVIN ARNOLD KRAMBER  
TUCSON TAMALE COMPANY TANQUE VERDE LLC  
TUCSON TAMALE COMPANY  
536 E WAGON BLUFF DR  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104257 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 1/7/2014  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: TUCSON TAMALE COMPANY \_\_\_\_\_  
7159 E TANQUE VERDE RD \_\_\_\_\_  
TUCSON, AZ 85715 \_\_\_\_\_  
Business Phone: (520)298-8404 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160167

CHRISTOPHER FRANK FANELLI  
FANELLI'S DELI LLC  
SAUSAGE DELI  
754 E GRANT RD  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100296 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/30/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: CHRISTOPHER FRANK FANELLI \_\_\_\_\_  
Location: SAUSAGE DELI \_\_\_\_\_  
754 E GRANT RD \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)623-8182 \_\_\_\_\_

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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary



**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160168

TODD RAY ANDERSON  
THOMPSON ANDERSON RESTAURANTS LLC  
NOOK, AN URBAN KITCHEN  
6400 E EL DORADO CIRCLE STE C200  
TUCSON AZ 85715

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104424 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 5/10/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: TODD RAY ANDERSON \_\_\_\_\_  
Location: NOOK, AN URBAN KITCHEN \_\_\_\_\_  
20 N STONE AVE #150 \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)622-6665 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160169

TIFFANY MARIE PARIS  
SAM WITCHES AND SUCH LLC  
SAM WITCHES AND SUCH  
6502 E TANQUE VERDE RD  
TUCSON AZ 85715

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104234 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/16/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: TIFFANY MARIE PARIS \_\_\_\_\_  
Location: SAM WITCHES AND SUCH \_\_\_\_\_  
6502 E TANQUE VERDE RD \_\_\_\_\_  
TUCSON, AZ 85715 \_\_\_\_\_  
Business Phone: (520)203-7111 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_ 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**

RI160170

SCOTT ROBERT KILPATRICK  
SAUCE CASAS ADOBES LLC  
SAUCE PIZZA & WINE  
7144 E STETSON DR #420  
SCOTTSDALE AZ 85251

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103501 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/5/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: SCOTT ROBERT KILPATRICK \_\_\_\_\_  
Location: SAUCE PIZZA & WINE \_\_\_\_\_  
7117 N ORACLE RD \_\_\_\_\_  
TUCSON, AZ 85704 \_\_\_\_\_  
Business Phone: (520)297-8575 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160171

LYNDSEY MICHELLE FISHER  
ALL CITY CATERING LLC  
DOMINICK'S REAL ITALIAN  
8330 N THORNYDALE RD #170  
TUCSON AZ 85741

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104243 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/1/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: LYNDSEY MICHELLE FISHER \_\_\_\_\_  
Location: DOMINICK'S REAL ITALIAN \_\_\_\_\_  
8330 N THORNYDALE RD STE 170 \_\_\_\_\_  
TUCSON, AZ 85741 \_\_\_\_\_  
Business Phone: (520)744-2002 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160172

THOMAS ROBERT AGUILERA  
MAGPIES GOURMET PIZZA INC  
MAGPIES GOURMET PIZZA  
4554 E CAMP LOWELL DR  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07101000 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/7/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: MAGPIES GOURMET PIZZA \_\_\_\_\_  
605 N 4TH AVE #603,605,607 \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)628-1661 \_\_\_\_\_

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# 12104253 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/29/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: MAGPIES GOURMET PIZZA \_\_\_\_\_  
105 S HOUGHTON RD #149 \_\_\_\_\_  
TUCSON, AZ 85748 \_\_\_\_\_  
Business Phone: (520)751-9949 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_  
(Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**\*Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160173

KEVIN LONG HUYNH  
GOLDEN DRAGON RESTAURANT LLC  
GOLDEN DRAGON  
4704 E SUNRISE DR  
TUCSON AZ 85718

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12100074 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 9/30/2005  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEVIN LONG HUYNH \_\_\_\_\_  
Location: GOLDEN DRAGON \_\_\_\_\_  
4704 E SUNRISE DR \_\_\_\_\_  
TUCSON, AZ 85718 \_\_\_\_\_  
Business Phone: (520)299-8088 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160174

ANDREA DAHLMAN LEWKOWITZ  
NOBLE-INTERSTATE MANAGEMENT GROUP LLC  
HOMWOOD SUITES  
2600 N CENTRAL AVE STE 1775  
PHOENIX AZ 85004

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07106002 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/22/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ANDREA DAHLMAN LEWKOWITZ \_\_\_\_\_  
Location: HOMEWOOD SUITES \_\_\_\_\_  
4250 N CAMPBELL AVE \_\_\_\_\_  
TUCSON, AZ 85718 \_\_\_\_\_  
Business Phone: (520)577-0007 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160175

DAVID BENTLEY WIRTH, II  
CELEBRATED AFFAIRS CATERING INC  
DICKEY'S BARBECUE PIT  
3573 E SILVER BUCKLE PL  
TUCSON AZ 85739

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104313 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/23/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: DAVID BENTLEY WIRTH, II \_\_\_\_\_  
Location: DICKEY'S BARBECUE PIT \_\_\_\_\_  
7850 N ORACLE RD \_\_\_\_\_  
ORO VALLEY, AZ 85704 \_\_\_\_\_  
Business Phone: (520)219-5742 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160176

ROBERT ANTHONY MARIANI  
SUN CITY VISTOSO COMMUNITY ASSOCIATION INC  
VIEWS RESTAURANT  
1565 E RANCHO VISTOSO BLVD  
ORO VALLEY AZ 85755

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100022 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/14/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ROBERT ANTHONY MARIANI \_\_\_\_\_  
Location: VIEWS RESTAURANT \_\_\_\_\_  
1555 E RANCHO VISTOSO BLVD \_\_\_\_\_  
TUCSON, AZ 85755 \_\_\_\_\_  
Business Phone: (520)825-3277 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160177

THOMAS ROBERT AGUILERA  
COUNCIL STREET LLC  
HIGHWIRE LOUNGE  
4554 E CAMP LOWELL DR  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100066 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 6/4/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: HIGHWIRE LOUNGE \_\_\_\_\_  
14 S ARIZONA AVE \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
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 \_\_\_\_\_ 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**

RI160178

THOMAS ROBERT AGUILERA  
WHISTLESTOP PRODUCTIONS LLC  
WHISTLE STOP  
4554 E CAMP LOWELL DR  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100043 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 5/26/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: WHISTLE STOP \_\_\_\_\_  
127 W 5TH ST \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)882-4969 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160179

RICHARD RANDALL GREEN  
COACH'S CORNER LLC  
COACH'S ALL AMERICAN BAR & GRILL  
1338 W BOSQUE DR  
SAHUARITA AZ 85629

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100027 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/5/2006  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: RICHARD RANDALL GREEN \_\_\_\_\_  
Location: COACH'S ALL AMERICAN BAR & GRILL \_\_\_\_\_  
19221 S ALPHA AVE \_\_\_\_\_  
GREEN VALLEY, AZ 85614 \_\_\_\_\_  
Business Phone: (520)625-9698 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160180

ANDREA DAHLMAN LEWKOWITZ  
MAC ACQUISITION LLC  
ROMANO'S MACARONI GRILL  
3100 S GESSNER #125  
C/O NELDA HERNANDEZ  
HOUSTON TX 77063

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103935 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 4/1/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ANDREA DAHLMAN LEWKOWITZ \_\_\_\_\_  
Location: ROMANO'S MACARONI GRILL \_\_\_\_\_  
5100 E BROADWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)790-0177 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
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# 12103936 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 4/1/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ANDREA DAHLMAN LEWKOWITZ \_\_\_\_\_  
Location: ROMANO'S MACARONI GRILL \_\_\_\_\_  
2265 W INA RD \_\_\_\_\_  
TUCSON, AZ 85741 \_\_\_\_\_  
Business Phone: (520)544-4655 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners,

partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_  
(Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**\*Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160181

MANUEL SOLORZANO  
AMIGOS CANTINA INC  
MANUEL'S RESTAURANT  
121 W DUVAL ROAD  
GREEN VALLEY AZ 85614

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103622 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/22/2004  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MANUEL SOLORZANO \_\_\_\_\_  
Location: MANUEL'S RESTAURANT \_\_\_\_\_  
121 W DUVAL RD \_\_\_\_\_  
GREEN VALLEY, AZ 85614 \_\_\_\_\_  
Business Phone: (520)648-6068 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160182

ROBERT KEATING RAYNOR  
VENTANA GRILL INC  
RISKY BUSINESS  
1988 N KOLB RD  
TUCSON AZ 85715

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12101295 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/31/1997  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ROBERT KEATING RAYNOR \_\_\_\_\_  
Location: RISKY BUSINESS \_\_\_\_\_  
6866 E SUNRISE DR STE 130 \_\_\_\_\_  
TUCSON, AZ 85750 \_\_\_\_\_  
Business Phone: (520)298-3500 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160183

KEVIN ARNOLD KRAMBER  
CM SQUARED LLC  
CHUY'S MESQUITE BROILER  
536 E WAGON BLUFF DR  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104290 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 7/8/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: CHUY'S MESQUITE BROILER \_\_\_\_\_  
8195 N ORACLE RD #105 \_\_\_\_\_  
ORO VALLEY, AZ 85704 \_\_\_\_\_  
Business Phone: (520)229-4700 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip  
2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160184

JOHN S RAHE, III  
J & S INVESTMENTS INC  
WATER HOLE  
16540 W AVRA VALLEY RD  
MARANA AZ 85653

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100127 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 8/19/2008  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JOHN S RAHE, III \_\_\_\_\_  
Location: WATER HOLE \_\_\_\_\_  
16540 W AVRA VALLEY RD \_\_\_\_\_  
MARANA, AZ 85653 \_\_\_\_\_  
Business Phone: (520)682-5667 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160185

MICHAEL JOSEPH MCBURNEY  
AJO COUNTRY CLUB  
AJO COMMUNITY GOLF COURSE  
PO BOX 400  
AJO AZ 85321

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12101118 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Inactive Status Date: 5/13/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MICHAEL JOSEPH MCBURNEY \_\_\_\_\_  
Location: AJO COMMUNITY GOLF COURSE \_\_\_\_\_  
HWY 85 MP 35 MEAD RD E SE 2 MI \_\_\_\_\_  
AJO, AZ 85321 \_\_\_\_\_  
Business Phone: (520)387-5011 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160186

GEORGE D GEORGELOS  
VAIL SUN PROPERTY LLC  
VAIL STEAK HOUSE CAFE & DINER  
13005 EAST BENSON HWY  
VAIL AZ 85641

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103974 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/5/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: GEORGE D GEORGELOS \_\_\_\_\_  
Location: VAIL STEAK HOUSE CAFE & DINER \_\_\_\_\_  
13005 E BENSON HWY \_\_\_\_\_  
VAIL, AZ 85641 \_\_\_\_\_  
Business Phone: (520)762-8777 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160187

WILLING YING TAK CHENG  
CHENG ENTERPRISES INC  
CHENG'S BEIJING RESTAURANT  
7560 N WESTWARD LOOK DR  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100232 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 2/2/2006  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: WILLING YING TAK CHENG \_\_\_\_\_  
Location: CHENG'S BEIJING RESTAURANT \_\_\_\_\_  
7705 N ORACLE RD \_\_\_\_\_  
ORO VALLEY, AZ 85704 \_\_\_\_\_  
Business Phone: (520)297-8080 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160188

RAUL GARCIA CORDOVA  
SAN CARLOS GRILL LLC  
SAN CARLOS GRILL  
12125 N ORACLE RD #169  
TUCSON AZ 85737

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104048 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/8/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: RAUL GARCIA CORDOVA \_\_\_\_\_  
Location: SAN CARLOS GRILL \_\_\_\_\_  
12125 N ORACLE RD #169 \_\_\_\_\_  
ORO VALLEY, AZ 85737 \_\_\_\_\_  
Business Phone: (520)544-0066 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160189

WALTER BRENT KYTE  
PIZZA HUT OF ARIZONA INC  
PIZZA HUT #10  
5902 E PIMA RD  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100130 Renew?  Yes  No  
Status: Active Status Date: 6/3/2002  
License Inactive?  Yes  No Changes:(may require additional Filing)  
Agent: WALTER BRENT KYTE \_\_\_\_\_  
Location: PIZZA HUT #10 \_\_\_\_\_  
9564 E GOLF LINKS RD \_\_\_\_\_  
TUCSON, AZ 85730 \_\_\_\_\_  
Business Phone: (520)296-9273 \_\_\_\_\_

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# 07100131 Renew?  Yes  No  
Status: Active Status Date: 12/27/2001  
License Inactive?  Yes  No Changes:(may require additional Filing)  
Agent: WALTER BRENT KYTE \_\_\_\_\_  
Location: PIZZA HUT #45 \_\_\_\_\_  
7665 N LA CHOLLA BLVD \_\_\_\_\_  
TUCSON, AZ 85745 \_\_\_\_\_  
Business Phone: \_\_\_\_\_

Renewal Fees:  
License Renewal: 75.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 35.00  
Total: 175.00

-----  
License# 07100134 Renew?  Yes  No  
Status: Active Status Date: 9/13/2001  
License Inactive?  Yes  No Changes:(may require additional Filing)  
Agent: WALTER BRENT KYTE \_\_\_\_\_  
Location: PIZZA HUT #13 \_\_\_\_\_  
6305 E 22ND \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)747-0472 \_\_\_\_\_

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# 07100135 Renew?  Yes  No  
Status: Active Status Date: 1/1/1986  
License Inactive?  Yes  No Changes:(may require additional Filing)  
Agent: WALTER BRENT KYTE \_\_\_\_\_  
Location: PIZZA HUT #16 \_\_\_\_\_  
627 N 2ND AVE \_\_\_\_\_  
AJO, AZ 85321 \_\_\_\_\_  
Business Phone: (520)387-6842 \_\_\_\_\_

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# 07100137                   Renew?  Yes  No  
 Status: Active                    Status Date: 7/13/2007  
 License Inactive?  Yes  No                   Changes:(may require additional Filing)  
 Agent: WALTER BRENT KYTE \_\_\_\_\_  
 Location: PIZZA HUT WINGSTREET #47 \_\_\_\_\_  
           8245 N SILVERBELL RD STE 101 \_\_\_\_\_  
           TUCSON, AZ 85742 \_\_\_\_\_  
 Business Phone: (520)886-5271 \_\_\_\_\_

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# 07100138                   Renew?  Yes  No  
 Status: Active                    Status Date: 7/31/2002  
 License Inactive?  Yes  No                   Changes:(may require additional Filing)  
 Agent: WALTER BRENT KYTE \_\_\_\_\_  
 Location: PIZZA HUT #38 \_\_\_\_\_  
           1865 W VALENCIA RD \_\_\_\_\_  
           TUCSON, AZ 85746 \_\_\_\_\_  
 Business Phone: (520)294-4490 \_\_\_\_\_

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# 07100139                   Renew?  Yes  No  
 Status: Active                    Status Date: 1/1/1986  
 License Inactive?  Yes  No                   Changes:(may require additional Filing)  
 Agent: WALTER BRENT KYTE \_\_\_\_\_  
 Location: PIZZA HUT #2 \_\_\_\_\_  
           4710 E SPEEDWAY RD \_\_\_\_\_  
           TUCSON, AZ 85712 \_\_\_\_\_  
 Business Phone: (520)323-0042 \_\_\_\_\_

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# 07100140                   Renew?  Yes  No  
 Status: Active                    Status Date: 5/8/2003  
 License Inactive?  Yes  No                   Changes:(may require additional Filing)  
 Agent: WALTER BRENT KYTE \_\_\_\_\_  
 Location: PIZZA HUT #11 \_\_\_\_\_  
           2943 N CAMPBELL \_\_\_\_\_

TUCSON, AZ 85719  
Business Phone: (520)322-9825

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# 07100141 Renew?  Yes  No  
Status: Active Status Date: 4/1/1998  
License Inactive?  Yes  No Changes:(may require additional Filing)  
Agent: WALTER BRENT KYTE  
Location: PIZZA HUT #42  
10605 N ORACLE RD  
ORO VALLEY, AZ 85737  
Business Phone: (520)575-8181

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# 07100142 Renew?  Yes  No  
Status: Active Status Date: 1/25/2013  
License Inactive?  Yes  No Changes:(may require additional Filing)  
Agent: WALTER BRENT KYTE  
Location: PIZZA HUT #46  
8140 S HOUGHTON RD STE 180  
TUCSON, AZ 85747  
Business Phone: (520)663-5656

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# 07100483 Renew?  Yes  No  
Status: Active Status Date: 3/30/1992  
License Inactive?  Yes  No Changes:(may require additional Filing)  
Agent: WALTER BRENT KYTE  
Location: PIZZA HUT #34  
18850 S TUCSON NOGALES HWY  
GREEN VALLEY, AZ 85614  
Business Phone: (520)648-2400

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# 07100485 Renew?  Yes  No  
Status: Active Status Date: 2/7/2006  
License Inactive?  Yes  No Changes:(may require additional Filing)  
Agent: WALTER BRENT KYTE

Location: PIZZA HUT #25 \_\_\_\_\_  
8906 E TANQUE VERDE \_\_\_\_\_  
TUCSON, AZ 85749 \_\_\_\_\_  
Business Phone: (520)749-0900 \_\_\_\_\_

Renewal Fees:  
License Renewal: 75.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 35.00  
Total: 175.00

-----  
License# 07100796 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/7/1987  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: WALTER BRENT KYTE \_\_\_\_\_  
Location: PIZZA HUT #23 \_\_\_\_\_  
3894 N ORACLE RD \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)293-9118 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160190

HECTOR ADOLFO HERAS  
H & A TACOS II LLC  
EL TACO TOTE  
1340 N WILMOT  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103913 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/19/2008  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: HECTOR ADOLFO HERAS \_\_\_\_\_  
Location: EL TACO TOTE \_\_\_\_\_  
1340 N WILMOT RD \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)296-9655 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160191

ROSALINDA MONILAR LARGENT  
NOVEMBER BAR N GRILL LLC  
NOVEMBER BAR & CABARET  
5861 E HAMPTON ST  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100139 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/26/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ROSALINDA MONILAR LARGENT \_\_\_\_\_  
Location: NOVEMBER BAR & CABARET \_\_\_\_\_  
4001 N ROMERO RD \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)344-9152 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160192

THERESA JUNE MORSE  
 MONTGOMERY'S GRILL & SALOON LLC  
 MONTGOMERY'S GRILL & SALOON  
 5640 N CHIEFTAN TRAIL  
 TUCSON AZ 85750

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
 A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104211 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/17/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: THERESA JUNE MORSE \_\_\_\_\_  
Location: MONTGOMERY'S GRILL & SALOON \_\_\_\_\_  
13190 E COLOSSAL CAVE RD #190 \_\_\_\_\_  
VAIL, AZ 85641 \_\_\_\_\_  
Business Phone: (520)762-0081 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

- 1) \_\_\_\_\_  
Name Street City County Zip
- 2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160193

KAIYE YU  
CHOPSTIX YEE CHINESE RESTAURANT LLC  
CHOPSTIX  
3820 S PALO VERDE RD # 101  
TUCSON AZ 85714

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104296 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 7/16/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KAIYE YU \_\_\_\_\_  
Location: CHOPSTIX \_\_\_\_\_  
3820 S PALO VERDE RD # 101 \_\_\_\_\_  
TUCSON, AZ 85714 \_\_\_\_\_  
Business Phone: (520)889-7849 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160194

DAVID LOUIS TANNEHILL  
EDMOUND INVESTMENT CORP  
T D'S WEST SHOWCLUB  
749 W MIRACLE MILE  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100034 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/7/2008  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: DAVID LOUIS TANNEHILL \_\_\_\_\_  
Location: T D'S WEST SHOWCLUB \_\_\_\_\_  
749 W MIRACLE MILE \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)882-0650 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary



**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160195

JOHN RONALD ABBOTT  
GIBSONS MARKET LLC  
JOHNNY GIBSONS DOWNTOWN MARKET  
2513 E 6TH ST  
TUCSON AZ 85716

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100151 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 6/17/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JOHN RONALD ABBOTT \_\_\_\_\_  
Location: JOHNNY GIBSONS DOWNTOWN MARKET \_\_\_\_\_  
11 S 6TH AVE \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)327-6653 \_\_\_\_\_

Renewal Fees:  
License Renewal: 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 \_\_\_\_\_ 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**

RI160196

KAZUO AOKI  
AOKI FAMILY INCORPORATION  
SHOGUN JAPANESE RESTAURANT & SUSHI BAR  
5036 N ORACLE RD  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103416 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 10/15/2012  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: KAZUO AOKI \_\_\_\_\_  
Location: SHOGUN JAPANESE RESTAURANT & SUSHI BAR \_\_\_\_\_  
5036 N ORACLE RD \_\_\_\_\_  
TUCSON, AZ 85704 \_\_\_\_\_  
Business Phone: (520)888-6646 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160197

DEBORAH ANN GRIDER  
SASABE STORE INC  
HILL TOP BAR  
P O BOX 7  
SASABE AZ 85633

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100123 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/15/2007  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: DEBORAH ANN GRIDER \_\_\_\_\_  
Location: HILL TOP BAR \_\_\_\_\_  
HWY 286 & MAIN ST \_\_\_\_\_  
SASABE, AZ 85633 \_\_\_\_\_  
Business Phone: (520)823-4222 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160198

SABINE CLEMENS-BLAESE  
SABINE BLAESE ENTERPRISES LLC  
CAFE PASSE  
415-417 N 4TH AVE  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104108 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/6/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: SABINE CLEMENS-BLAESE \_\_\_\_\_  
Location: CAFE PASSE \_\_\_\_\_  
415-417 N 4TH AVE \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)624-4411 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160199

CHUN YOUNG KIM  
SUSHI GARDEN LLC  
SUSHI GARDEN  
2945 N INDIAN RUINS RD  
TUCSON AZ 85715

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100121 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 7/20/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: CHUN YOUNG KIM \_\_\_\_\_  
Location: SUSHI GARDEN \_\_\_\_\_  
3048 E BROADWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: (520)326-4700 \_\_\_\_\_

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# 12104107 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 5/26/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: CHUN YOUNG KIM \_\_\_\_\_  
Location: SUSHI GARDEN \_\_\_\_\_  
3048 E BROADWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: (520)326-4700 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_  
(Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**\*Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160200

ROBERT T COTE  
ARIZONA SUNSHINE RANCHES INC  
TANQUE VERDE GUEST RANCH  
14301 E SPEEDWAY RD  
TUCSON AZ 85748

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12100034 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/5/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ROBERT T COTE \_\_\_\_\_  
Location: TANQUE VERDE GUEST RANCH \_\_\_\_\_  
14301 E SPEEDWAY RD \_\_\_\_\_  
TUCSON, AZ 85748 \_\_\_\_\_  
Business Phone: (520)296-6275 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160201

MARIA JOSE MAZON  
BOCA LLC  
BOCA  
828 E SPEEDWAY  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103989 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/25/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: MARIA JOSE MAZON \_\_\_\_\_  
Location: BOCA \_\_\_\_\_  
828 E SPEEDWAY \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)777-8134 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

- 1) \_\_\_\_\_  
Name Street City County Zip
- 2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160202

JESUS EFRAIN ESCALANTE  
MARISCOS EL NUEVO MAZATLAN  
155 W ILLINOIS ST  
TUCSON AZ 85714

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104137 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/12/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: \_\_\_\_\_  
Location: MARISCOS EL NUEVO MAZATLAN \_\_\_\_\_  
4749 S 12TH AVE \_\_\_\_\_  
TUCSON, AZ 85714 \_\_\_\_\_  
Business Phone: (520)295-8860 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160203

GARRETT HEATH WALLACE  
ACP MANAGEMENT INC  
GALLERY GOLF CLUB  
1400 N DOVE MOUNTAIN BLVD  
MARANA AZ 85658

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----

License# 06100275                      Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Status: Active                              Status Date: 10/10/2013  
 License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No                      Changes:(may require additional Filing)  
 Agent: GARRETT HEATH WALLACE                      \_\_\_\_\_  
 Location: GALLERY GOLF CLUB                      \_\_\_\_\_  
                     14000 N DOVE MOUNTAIN BLVD                      \_\_\_\_\_  
                     MARANA, AZ 85658                      \_\_\_\_\_  
 Business Phone: (520)744-4700                      \_\_\_\_\_

Renewal Fees:

License Renewal:	150.00
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 \_\_\_\_\_ 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**

RI160204

SU LIU ZHANG  
GREAT VILLAGE RESTAURANT  
1000 S HARRISON RD  
TUCSON AZ 85748

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104186 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 9/14/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: \_\_\_\_\_  
Location: GREAT VILLAGE RESTAURANT \_\_\_\_\_  
1000 S HARRISON RD \_\_\_\_\_  
TUCSON, AZ 85748 \_\_\_\_\_  
Business Phone: (520)298-5661 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160205

DONALD CHRISTOPHER LEWIS  
COCO'S RESTAURANTS INC  
COCO'S #176  
120 CHULA VISTA  
HOLLYWOOD PARK TX 78232

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100224 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/29/1996  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: DONALD CHRISTOPHER LEWIS \_\_\_\_\_  
Location: COCO'S #176 \_\_\_\_\_  
7250 N ORACLE \_\_\_\_\_  
TUCSON, AZ 85704 \_\_\_\_\_  
Business Phone: (520)742-2840 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160206

BRENNDON RICHARD SCOTT  
BASHFUL BANDIT LLC (FN)  
BASHFUL BANDIT  
PO BOX 43668  
TUCSON AZ 85733

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100040 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 3/28/2008  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: BRENNON RICHARD SCOTT \_\_\_\_\_  
Location: BASHFUL BANDIT \_\_\_\_\_  
3686 E SPEEDWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: (520)795-8996 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160207

WENDY KRISTINA CROSS  
MACCO LLC  
49ER COUNTRY CLUB  
12000 E TANQUE VERDE RD  
TUCSON AZ 85749

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100021 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 2/7/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: WENDY KRISTINA CROSS \_\_\_\_\_  
Location: 49ER COUNTRY CLUB \_\_\_\_\_  
12000 E TANQUE VERDE RD \_\_\_\_\_  
TUCSON, AZ 85749 \_\_\_\_\_  
Business Phone: (520)749-4925 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160208

MARTIN LOPEZ  
BIG HAT CORPORATION  
BIG HAT GRILL  
9022 S NOGALES HWY  
TUCSON AZ 85706

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100030 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/6/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MARTIN LOPEZ \_\_\_\_\_  
Location: BIG HAT GRILL \_\_\_\_\_  
9022 S NOGALES HWY \_\_\_\_\_  
TUCSON, AZ 85706 \_\_\_\_\_  
Business Phone: (520)889-3249 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160209

WILLIAM ROBERT BLODGETT  
STARR PASS RESORT DEVELOPMENTS LLC  
STAR PASS GOLF CLUB  
3800 W STAR PASS BLVD  
TUCSON AZ 85745

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100062 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/6/2008  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: WILLIAM ROBERT BLODGETT \_\_\_\_\_  
Location: STAR PASS GOLF CLUB \_\_\_\_\_  
3645 STARR PASS BLVD \_\_\_\_\_  
TUCSON, AZ 85745 \_\_\_\_\_  
Business Phone: (520)670-0300 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 35.00  
Total: 250.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_ 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**

RI160210

ANDREA DAHLMAN LEWKOWITZ  
KADENCE RESTAURANT GROUP LLC  
HUB  
2600 N CENTRAL AVE #1775  
PHOENIX AZ 85004

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104081 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/18/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: ANDREA DAHLMAN LEWKOWITZ \_\_\_\_\_  
Location: HUB \_\_\_\_\_  
266 E CONGRESS ST \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)207-8201 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160211

NOBORU NAKAJIMA  
YAMATO JAPANESE RESTAURANT  
1295 W HOPBUSH WAY  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12101063 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 8/26/1988  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: \_\_\_\_\_  
Location: YAMATO JAPANESE RESTAURANT \_\_\_\_\_  
857 E GRANT RD \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)624-3377 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160212

KEVIN ARNOLD KRAMBER  
DESERT HOSPITALITY MANAGEMENT LLC  
DOUBLETREE BY HILTON  
536 E WAGON BLUFF DR  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100172 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Inactive Status Date: 2/5/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: DOUBLETREE BY HILTON \_\_\_\_\_  
5335 E BROADWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)745-2700 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160213

MATTHEW ANGUS MC KINNON  
SHLOMO & VITOS LLC  
SHLOMO & VITOS NEW YORK DELICATESSEN  
4511 N CAMPBELL #255  
TUCSON AZ 85718

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100269 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/8/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MATTHEW ANGUS MC KINNON \_\_\_\_\_  
Location: SHLOMO & VITOS NEW YORK DELICATESSEN \_\_\_\_\_  
2870 E SKYLINE DR \_\_\_\_\_  
TUCSON, AZ 85718 \_\_\_\_\_  
Business Phone: (520)529-3354 \_\_\_\_\_

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# 12103840 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/8/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MATTHEW ANGUS MC KINNON \_\_\_\_\_  
Location: SHLOMO & VITOS NEW YORK DELICATESSEN \_\_\_\_\_  
2870 E SKYLINE DR \_\_\_\_\_  
TUCSON, AZ 85718 \_\_\_\_\_  
Business Phone: (520)529-3354 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_  
(Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**\*Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160214

GERMAN CANEZ BORQUEZ  
ORENCCIOS TUCSON LLC  
ORENCCIOS RISTORANTE TERRAZZA  
1765 E RIVER RD #131  
TUCSON AZ 85718

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104391 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/12/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: GERMAN CANEZ BORQUEZ \_\_\_\_\_  
Location: ORENCCIOS RISTORANTE TERRAZZA \_\_\_\_\_  
1765 E RIVER RD #131 \_\_\_\_\_  
TUCSON, AZ 85718 \_\_\_\_\_  
Business Phone: (520)529-5588 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160215

RAUL HUMBERTO RODRIGUEZ  
ALJ'S INC  
ALJ'S TAVERN  
4980 E 22ND ST  
TUCSON AZ 85711

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100145 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/4/2007  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: RAUL HUMBERTO RODRIGUEZ \_\_\_\_\_  
Location: ALJ'S TAVERN \_\_\_\_\_  
4980 E 22ND ST \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)514-2774 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160216

PAMELA LYNN HEADLEY  
LITTLE BLONDE BRAT INC  
BRATS BAR & GRILL  
5975 W WESTERN WAY CIR #106  
TUCSON AZ 85713

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100272 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/30/2002  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: PAMELA LYNN HEADLEY \_\_\_\_\_  
Location: BRATS BAR & GRILL \_\_\_\_\_  
5975 W WESTERN WAY CR #106 \_\_\_\_\_  
TUCSON, AZ 85713 \_\_\_\_\_  
Business Phone: (520)578-0341 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160217

CORALIE FLORENCE SATT  
GHINI'S FRENCH CAFE LLC  
GHINIS CAFE  
1803 E PRINCE RD  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103360 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/16/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: CORALIE FLORENCE SATTA \_\_\_\_\_  
Location: GHINIS CAFE \_\_\_\_\_  
1803 E PRINCE RD \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)326-9095 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160218

LAUREN KAY MERRETT  
FIREBIRDS OF TUCSON LLC  
FIREBIRD WOOD FIRED GRILL  
13850 BALLANTYNE CORPORATE PLACE #450  
CHARLOTTE NC 28277

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103532 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/5/2003  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: LAUREN KAY MERRETT \_\_\_\_\_  
Location: FIREBIRD WOOD FIRED GRILL \_\_\_\_\_  
2985 E SKYLINE DR \_\_\_\_\_  
TUCSON, AZ 85718 \_\_\_\_\_  
Business Phone: (520)577-0747 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160219

ELDA LORENA GONGORA CAZARES  
LOS PORTALES LLC  
LOS PORTALES RESTAURANT  
5330 S 12TH AVE  
TUCSON AZ 85706

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103854 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/18/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ELDA LORENA GONGORA CAZARES \_\_\_\_\_  
Location: LOS PORTALES RESTAURANT \_\_\_\_\_  
2615 S 6TH AVE \_\_\_\_\_  
SOUTH TUCSON, AZ 85713 \_\_\_\_\_  
Business Phone: (520)889-1170 \_\_\_\_\_  
% 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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160220

KEVIN ARNOLD KRAMBER  
MOE ARIA HOLDINGS LLC  
HIFALUTIN  
536 E WAGON BLUFF DR  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104176 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 8/3/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: HIFALUTIN \_\_\_\_\_  
6780 N ORACLE RD \_\_\_\_\_  
TUCSON, AZ 85704 \_\_\_\_\_  
Business Phone: (520)297-0518 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160221

JESUS LAURO MONTOYA ARAIZA  
SONORA WINGS & SEAFOOD INC  
SONORA WINGS & SEAFOOD  
100 N STONE AVE STE 102  
TUCSON AZ 85701

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104406 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 3/16/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JESUS LAURO MONTOYA ARAIZA \_\_\_\_\_  
Location: SONORA WINGS & SEAFOOD \_\_\_\_\_  
100 N STONE AVE #102 \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)203-8159 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160222

TERESA IRENE SALINAS  
TINY'S LLC  
TINY'S  
4900 W AJO WY  
TUCSON AZ 85757

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104005 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/24/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: TERESA IRENE SALINAS \_\_\_\_\_  
Location: TINY'S \_\_\_\_\_  
4900 W AJO WAY \_\_\_\_\_  
TUCSON, AZ 85746 \_\_\_\_\_  
Business Phone: (520)578-7700 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160223

WILLIAM CHEUNG  
ASIAN BUFFET RESTAURANT LLC  
WOK & ROLL BUFFET  
5435 S CALLE SANTA CRUZ #185  
TUCSON AZ 85706

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104307 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/28/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: WILLIAM CHEUNG \_\_\_\_\_  
Location: WOK & ROLL BUFFET \_\_\_\_\_  
3000 W INA RD \_\_\_\_\_  
TUCSON, AZ 85741 \_\_\_\_\_  
Business Phone: (520)297-1279 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160224

ALAN M KOWALSKI  
CLICKS NO 8 LTD  
CLICKS  
3100 MONTICELLO #350  
DALLAS TX 75205

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100028 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/1/2004  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ALAN M KOWALSKI \_\_\_\_\_  
Location: CLICKS \_\_\_\_\_  
3325 N 1ST AVE #100 \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)887-7312 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160225

KEVIN ARNOLD KRAMBER  
HSL PROPERTIES INC  
LA QUINTA INN & SUITES  
3901 E BROADWAY BLVD  
TUCSON AZ 85711

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100143 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/14/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: LA QUINTA INN & SUITES \_\_\_\_\_  
102 N ALVERNON WY \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)795-0330 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160226

SANDRA K ROGERS  
ROGERS SANDRA ET AL  
WHY NOT TRAVEL STORE  
P O BOX 639  
AJO AZ 85321

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100285 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/19/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: SANDRA K ROGERS \_\_\_\_\_  
Location: WHY NOT TRAVEL STORE \_\_\_\_\_  
230 SONOYTA WAY \_\_\_\_\_  
WHY, AZ 85321 \_\_\_\_\_  
Business Phone: (520)387-7783 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160227

LOUIE CASTRO LAZOS  
PIE ZANNO'S PIZZARIA  
4625 E BROADWAY  
TUCSON AZ 85711

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100105 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/21/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: \_\_\_\_\_  
Location: PIE ZANNO'S PIZZARIA \_\_\_\_\_  
2921 E FORT LOWELL #101 \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: (520)471-7401 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160228

JORGE MANUEL LEON-URIBE  
RAGAZZI RESTAURANT LLC  
TRATTORIA RAGAZZI  
101 S LA CANADA DR #51  
GREEN VALLEY AZ 85614

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103486 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/22/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JORGE MANUEL LEON-URIBE \_\_\_\_\_  
Location: TRATTORIA RAGAZZI \_\_\_\_\_  
101 S LA CANADA DR #51 \_\_\_\_\_  
GREEN VALLEY, AZ 85614 \_\_\_\_\_  
Business Phone: (520)399-0045 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160229

DONALD JEROME GARROT, JR.  
DON'S BAYOU LLC  
DON'S BAYOU  
12350 E PRINCE RD  
TUCSON AZ 85749

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104035 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/18/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: DONALD JEROME GARROT, JR. \_\_\_\_\_  
Location: DON'S BAYOU \_\_\_\_\_  
8991 E TANQUE VERDE RD \_\_\_\_\_  
TUCSON, AZ 85749 \_\_\_\_\_  
Business Phone: (520)749-4410 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160230

WIROCH UTTIYASAU  
FOUR SEASONS RESTAURANT LLC  
FOUR SEASONS RESTAURANT  
1423 W MIRACLE MILE RD  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104412 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 4/1/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: WIROCH UTTIYASAU \_\_\_\_\_  
Location: FOUR SEASONS RESTAURANT \_\_\_\_\_  
1423 W MIRACLE MILE RD \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)882-4212 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160231

STEPHEN VINCENT TRACY  
THUNDER CANYON BREWERY INC  
THUNDER CANYON BREWERY  
7401 N LA CHOLLA BLVD STE 178  
TUCSON AZ 85741

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103168 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/10/1997  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: STEPHEN VINCENT TRACY \_\_\_\_\_  
Location: THUNDER CANYON BREWERY \_\_\_\_\_  
7401 N LA CHOLLA BLVD STE 178 \_\_\_\_\_  
TUCSON, AZ 85741 \_\_\_\_\_  
Business Phone: (520)797-2652 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160232

ELIZABETH DENISE FRANCISCO  
TOHONO O'ODHAM GAMING ENTERPRISE  
DESERT DIAMOND CASINO  
P O BOX 22230  
TUCSON AZ 85734

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100073                      Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active                              Status Date: 10/2/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No                      Changes:(may require additional Filing)  
Agent: ELIZABETH DENISE FRANCISCO                      \_\_\_\_\_  
Location: DESERT DIAMOND CASINO                      \_\_\_\_\_  
                    1100 W PIMA MINE RD                      \_\_\_\_\_  
                    SAHUARITA, AZ 85629                      \_\_\_\_\_  
Business Phone: (520)294-7777                      \_\_\_\_\_

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# 06100232                      Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active                              Status Date: 10/2/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No                      Changes:(may require additional Filing)  
Agent: ELIZABETH DENISE FRANCISCO                      \_\_\_\_\_  
Location: DESERT DIAMOND CASINO                      \_\_\_\_\_  
                    7350 S NOGALES HWY                      \_\_\_\_\_  
                    TUCSON, AZ 85706                      \_\_\_\_\_  
Business Phone: (520)294-7777                      \_\_\_\_\_

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# 07100033                      Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active                              Status Date: 10/2/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No                      Changes:(may require additional Filing)  
Agent: ELIZABETH DENISE FRANCISCO                      \_\_\_\_\_  
Location: DESERT DIAMOND CASINO                      \_\_\_\_\_  
                    MILE POST 55 HIGHWAY 86                      \_\_\_\_\_  
                    WHY, AZ 85321                      \_\_\_\_\_  
Business Phone: (520)547-4306                      \_\_\_\_\_

Renewal Fees:  
License Renewal: 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 \_\_\_\_\_ 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**

RI160233

FAROQ A RAHMAN  
MAJI BROTHERS LLC  
RITA RANCH MARKET  
8201 S RITA RD  
TUCSON AZ 85747

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100267 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 4/25/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: FAROQ A RAHMAN \_\_\_\_\_  
Location: RITA RANCH MARKET \_\_\_\_\_  
8201 S RITA RD \_\_\_\_\_  
TUCSON, AZ 85747 \_\_\_\_\_  
Business Phone: (520)574-9772 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160234

CURTIS EMERY JOHNSON  
POCKETS BILLIARDS INC  
POCKETS  
1062 S WILMOT RD  
TUCSON AZ 85711

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100250 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 3/25/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: CURTIS EMERY JOHNSON \_\_\_\_\_  
Location: POCKETS \_\_\_\_\_  
1062 S WILMOT RD \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)571-9421 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160235

JASJIT SINGH CHOPRA  
RPM FOODS LLC  
NEW DELHI PALACE  
6751 E BROADWAY BLVD  
TUCSON AZ 85710

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103442 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/13/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JASJIT SINGH CHOPRA \_\_\_\_\_  
Location: NEW DELHI PALACE \_\_\_\_\_  
6751 E BROADWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85710 \_\_\_\_\_  
Business Phone: (520)296-8585 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160236

JUAN ALBERTO HERRERA  
PANITA LLC  
CARNE Y VINO  
190 W CONTINENTAL RD #202  
GREEN VALLEY AZ 85622

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104422 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 6/6/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JUAN ALBERTO HERRERA \_\_\_\_\_  
Location: CARNE Y VINO \_\_\_\_\_  
190 W CONTINENTAL RD #202 \_\_\_\_\_  
GREEN VALLEY, AZ 85622 \_\_\_\_\_  
Business Phone: (520)345-5256 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip  
2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160237

HIEN TRONG MA  
VIETCUISINE LLC  
MISS SAIGON RESTAURANT  
250 S CRAYFORD RD #100  
TUCSON AZ 85711

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104379 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/10/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: HIEN TRONG MA \_\_\_\_\_  
Location: MISS SAIGON RESTAURANT \_\_\_\_\_  
250 S CRAYCROFT RD STE 100 \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)269-6899 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160238

CHARLES STEWART RYAN  
CHARIOT PIZZA INC  
CHARIOT PIZZA & PUB  
9681 E RAND PL  
TUCSON AZ 85715

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103408 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/19/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: CHARLES STEWART RYAN \_\_\_\_\_  
Location: CHARIOT PIZZA & PUB \_\_\_\_\_  
3930 N FLOWING WELLS RD \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)696-0807 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160239

MICHAEL SCOTT LANZ  
EROTAS LLC  
FIX - ARIZONA'S MAC N CHZ HEADQUARTERS  
943 E UNIVERSITY BLVD #115  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104227 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 5/15/2013  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: MICHAEL SCOTT LANZ \_\_\_\_\_  
Location: FIX - ARIZONA'S MAC N CHZ HEADQUARTERS \_\_\_\_\_  
943 E UNIVERSITY BLVD #115 \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)305-4493 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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**

RI160240

AMY S NATIONS  
TUCSON SPECTRUM MALL NNY LLC  
NATIVE GRILL & WINGS  
P O BOX 2502  
CHANDLER AZ 85244

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104350 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 4/6/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: AMY S NATIONS \_\_\_\_\_  
Location: NATIVE GRILL & WINGS \_\_\_\_\_  
5397 S CALLE SANTA CRUZ \_\_\_\_\_  
TUCSON, AZ 85706 \_\_\_\_\_  
Business Phone: (520)889-5198 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160241

JAIPRAKASH C PATEL  
TUCSON HOTEL INVESTMENTS LLC  
COMFORT SUITES OF TUCSON  
7007 E TANQUE VERDE RD  
TUCSON AZ 85715

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100177 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/13/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JAIPRAKASH C PATEL \_\_\_\_\_  
Location: COMFORT SUITES OF TUCSON \_\_\_\_\_  
7007 E TANQUE VERDE RD \_\_\_\_\_  
TUCSON, AZ 85715 \_\_\_\_\_  
Business Phone: (520)298-2300 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160242

TRIEU PHUONG NGUYEN  
HALONG BAY LLC  
HA LONG BAY RESTAURANT  
7245 E TANQUE VERDE RD #175  
TUCSON AZ 85715

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----

License# 07100129 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Status: Active Status Date: 9/11/2013  
 License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
 Agent: TRIEU PHUONG NGUYEN \_\_\_\_\_  
 Location: HA LONG BAY RESTAURANT \_\_\_\_\_  
 7245 E TANQUE VERDE #175 \_\_\_\_\_  
 TUCSON, AZ 85715 \_\_\_\_\_  
 Business Phone: (520)571-1338 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160243

MARIO ANGELO MASTROSIMONE  
CIVANO COFFEE HOUSE LLC  
CIVANO COFFEE HOUSE  
5278 S CIVANO BLVD  
TUCSON AZ 85747

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100050 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 6/9/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MARIO ANGELO MASTROSIMONE \_\_\_\_\_  
Location: CIVANO COFFEE HOUSE \_\_\_\_\_  
5278 S CIVANO BLVD \_\_\_\_\_  
TUCSON, AZ 85747 \_\_\_\_\_  
Business Phone: (520)441-7400 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160244

KEVIN ARNOLD KRAMBER  
THROWBACKS LLC  
THROWBACKS SPORTS BAR AND GRILL  
536 E WAGON BLUFF DR  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100153 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/28/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: THROWBACKS SPORTS BAR AND GRILL \_\_\_\_\_  
3620 N 1ST AVE \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)293-7670 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160245

NELSON HELMER SEAMANS  
NO ANCHOVIES LLC  
NO ANCHOVIES  
P O BOX 3685  
TUCSON AZ 85722

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103210 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/7/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: NELSON HELMER SEAMANS \_\_\_\_\_  
Location: NO ANCHOVIES \_\_\_\_\_  
870 E UNIVERSITY BLVD \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)623-3333 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160246

THOMAS ROBERT AGUILERA  
TUCSON WINGS VI LLC  
WINGSTOP  
4554 E CAMP LOWELL DR  
TUCSON AZ 85713

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104444 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Inactive Status Date: 8/8/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: WINGSTOP \_\_\_\_\_  
2980 S 6TH AVE STE 150 \_\_\_\_\_  
SOUTH TUCSON, AZ 85713 \_\_\_\_\_  
Business Phone: (520)888-0110 \_\_\_\_\_  
% 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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160247

FRANCES F DOAR  
ARIZONA INN COMPANY LTD PARTNERSHIP ET AL  
ARIZONA INN  
2200 E ELM ST  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100081 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 5/14/1990  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: FRANCES F DOAR \_\_\_\_\_  
Location: ARIZONA INN \_\_\_\_\_  
2200 E ELM ST \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)325-1541 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160248

SUNNY KIN SUN WONG  
GUILIN RESTAURANT LLC  
GUILIN RESTAURANT  
4445 E BROADWAY BLVD  
TUCSON AZ 85711

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104353 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 3/26/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: SUNNY KIN SUN WONG \_\_\_\_\_  
Location: GUILIN RESTAURANT \_\_\_\_\_  
4445 E BROADWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)320-7768 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160249

GORDON ROBERT BERGER  
LE RENDEZ-VOUS INC  
LE RENDEZ-VOUS  
3844 E FORT LOWELL RD  
TUCSON AZ 85716

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12100011 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/4/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: GORDON ROBERT BERGER \_\_\_\_\_  
Location: LE RENDEZ-VOUS \_\_\_\_\_  
3844 E FORT LOWELL RD \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: (520)323-7373 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160250

THERESA JUNE MORSE  
 VTR VILLA CAMPANA LLC  
 ATRIA BELL COURT GARDENS  
 6653 E CARONDELET  
 TUCSON AZ 85710

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
 A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103656 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/13/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: THERESA JUNE MORSE \_\_\_\_\_  
Location: ATRIA BELL COURT GARDENS \_\_\_\_\_  
6653 E CARONDELET \_\_\_\_\_  
TUCSON, AZ 85710 \_\_\_\_\_  
Business Phone: (520)886-3600 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160251

MICHAEL THOMAS GURA  
PUBLIC LLC  
PUBLIC BREWHOUSE  
209 N HOFF AVE  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100085 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 5/20/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MICHAEL THOMAS GURA \_\_\_\_\_  
Location: PUBLIC BREWHOUSE \_\_\_\_\_  
209 N HOFF AVE \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (435)260-2064 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160252

DAVID LOUIS TANNEHILL  
CTS INVESTMENTS INC  
T D'S SHOWCLUB  
749 W WEST MIRACLE MILE  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100174 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/26/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: DAVID LOUIS TANNEHILL \_\_\_\_\_  
Location: T D'S SHOWCLUB \_\_\_\_\_  
5822 E SPEEDWAY \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)323-5558 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160253

DAE SUN SO  
JENNY'S KAMPAI INC  
KAMPAI SUSHI  
6486 N ORACLE RD  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104004 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 2/1/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: DAE SUN SO \_\_\_\_\_  
Location: KAMPAI SUSHI \_\_\_\_\_  
6486 N ORACLE RD \_\_\_\_\_  
TUCSON, AZ 85704 \_\_\_\_\_  
Business Phone: (520)219-6550 \_\_\_\_\_  
% 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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160254

TRAVIS HARLEY MILLER  
SERIAL GRILLERS LLC  
SERIAL GRILLERS PIZZA SHOP  
5737 E SPEEDWAY BLVD  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104324 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/14/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: TRAVIS HARLEY MILLER \_\_\_\_\_  
Location: SERIAL GRILLERS PIZZA SHOP \_\_\_\_\_  
5737 E SPEEDWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)546-2160 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160255

DANIEL MOORE BATES  
AGRO LAND & CATTLE CO INC  
EL CORRAL PRIME RIB HOUSE  
6541 E TANQUE VERDE RD  
TUCSON AZ 85715

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100014                      Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active                              Status Date: 1/26/1989  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No                      Changes:(may require additional Filing)  
Agent: DANIEL MOORE BATES                      \_\_\_\_\_  
Location: EL CORRAL PRIME RIB HOUSE                      \_\_\_\_\_  
                    2201 E RIVER RD                      \_\_\_\_\_  
                    TUCSON, AZ 85718                      \_\_\_\_\_  
Business Phone: (520)299-6092                      \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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# 07100015                      Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active                              Status Date: 1/26/1989  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No                      Changes:(may require additional Filing)  
Agent: DANIEL MOORE BATES                      \_\_\_\_\_  
Location: PINNACLE PEAK PATIO                      \_\_\_\_\_  
                    6541 E TANQUE VERDE RD                      \_\_\_\_\_  
                    TUCSON, AZ 85715                      \_\_\_\_\_  
Business Phone: (520)296-0911                      \_\_\_\_\_

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# 12100150                      Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active                              Status Date: 3/13/1989  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No                      Changes:(may require additional Filing)  
Agent: DANIEL MOORE BATES                      \_\_\_\_\_  
Location: PINNACLE PEAK PATIO                      \_\_\_\_\_  
                    6541 E TANQUE VERDE RD                      \_\_\_\_\_  
                    TUCSON, AZ 85715                      \_\_\_\_\_  
Business Phone: (520)296-0911                      \_\_\_\_\_

% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (      ) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?     No     Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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**

RI160256

BENJAMIN LUGO  
MR BAJA FISH LLC  
MR BAJA FISH  
4581 S 12TH AVE  
TUCSON AZ 85714

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104352 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 3/13/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: BENJAMIN LUGO \_\_\_\_\_  
Location: MR BAJA FISH \_\_\_\_\_  
1905 W GRANT RD \_\_\_\_\_  
TUCSON, AZ 85745 \_\_\_\_\_  
Business Phone: (520)344-8333 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
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# 12104425 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 5/20/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: BENJAMIN LUGO \_\_\_\_\_  
Location: MR BAJA FISH \_\_\_\_\_  
4581 S 12TH AVE \_\_\_\_\_  
TUCSON, AZ 85714 \_\_\_\_\_  
Business Phone: (520)203-8396 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners,

partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_  
(Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**\*Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160257

JUSTIN RYAN MC LAMARRAH  
FLYCATCHER LLC  
FLYCATCHER  
4911 E HAWTHORNE ST  
TUCSON AZ 85711

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100075 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 7/7/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JUSTIN RYAN MC LAMARRAH \_\_\_\_\_  
Location: FLYCATCHER \_\_\_\_\_  
340 E 6TH ST \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)207-9251 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160258

TAUNA RENEVA ARNOLD  
BARRIO BREWING COMPANY, LLC  
BARRIO BREWING COMPANY  
800 E 16TH ST  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103760 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/14/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: TAUNA RENE A ARNOLD \_\_\_\_\_  
Location: BARRIO BREWING COMPANY \_\_\_\_\_  
800 E 16TH ST \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)791-2739 \_\_\_\_\_  
% 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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160259

LUCIA PALAZZOLO  
LMF ENTERPRISES INC  
VITELLO'S  
15930 N ORACLE RD #178  
TUCSON AZ 85739

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103540 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/1/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: LUCIA PALAZZOLO \_\_\_\_\_  
Location: VITELLO'S \_\_\_\_\_  
15930 N ORACLE RD #178 \_\_\_\_\_  
TUCSON, AZ 85739 \_\_\_\_\_  
Business Phone: (520)825-0140 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160260

DENISE MARIE BORG  
COLE & D LIMITED  
HOMEPLATE MARANA  
4732 W PLACITA DE SUERTE  
TUCSON AZ 85745

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100084 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 5/5/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: DENISE MARIE BORG \_\_\_\_\_  
Location: HOMEPLATE MARANA \_\_\_\_\_  
8579 N SILVERBELL RD \_\_\_\_\_  
MARANA, AZ 85743 \_\_\_\_\_  
Business Phone: (520)744-7744 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160261

PAN NGAI CHAN  
EJ LLC  
JUN DYNASTY CHINESE RESTAURANT  
2933 E GRANT RD  
TUCSON AZ 85716

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104360 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 6/1/2015  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: PAN NGAI CHAN \_\_\_\_\_  
Location: JUN DYNASTY CHINESE RESTAURANT \_\_\_\_\_  
2933 E GRANT RD \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: (520)881-0778 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160262

MARVIN JOHN GREEN  
APPLE NINE HOSPITALITY MANAGEMENT INC  
TOWNEPLACE SUITES TUCSON WILLIAMS CENTRE  
814 E MAIN ST  
RICHMOND VA 23219

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100213 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 6/12/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MARVIN JOHN GREEN \_\_\_\_\_  
Location: TOWNEPLACE SUITES TUCSON WILLIAMS CENTRE \_\_\_\_\_  
384 S WILLIAMS BLVD \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)747-0720 \_\_\_\_\_

Renewal Fees:  
License Renewal: 75.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 35.00  
Total: 175.00

-----  
License# 11103071 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/8/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MARVIN JOHN GREEN \_\_\_\_\_  
Location: HILTON GARDEN INN TUCSON AIRPORT \_\_\_\_\_  
6575 S COUNTRY CLUB RD \_\_\_\_\_  
TUCSON, AZ 85706 \_\_\_\_\_  
Business Phone: (520)741-0505 \_\_\_\_\_  
% 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**

RI160263

LUIS OMAR MEJIA  
EL SUR ADADERO LLC  
EL SUR ASADERO  
4602 E 29TH ST  
TUCSON AZ 85711

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104251 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/25/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: LUIS OMAR MEJIA \_\_\_\_\_  
Location: EL SUR ASADERO \_\_\_\_\_  
4602 E 29TH ST \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)514-0220 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

- 1) \_\_\_\_\_  
Name Street City County Zip
- 2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160264

THOMAS ROBERT AGUILERA  
FULL CIRCLE HOLDINGS INC  
ZPIZZA ARTISAN PIZZA & TAP ROOM  
4554 E CAMP LOWELL DR  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104319 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/22/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: ZPIZZA ARTISAN PIZZA & TAP ROOM \_\_\_\_\_  
11165 N LA CANADA DR STE 131 \_\_\_\_\_  
ORO VALLEY, AZ 85737 \_\_\_\_\_  
Business Phone: (520)329-8851 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160265

JOSE FERNANDEZ GOMEZ  
ADAZPAY LLC  
HIDEOUT SALOON EAST  
1110 S SHERWOOD VILLAGE DR  
TUCSON AZ 85710

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100157 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/14/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JOSE FERNANDEZ GOMEZ \_\_\_\_\_  
Location: HIDEOUT SALOON EAST \_\_\_\_\_  
1110 S SHERWOOD VILLAGE DR \_\_\_\_\_  
TUCSON, AZ 85710 \_\_\_\_\_  
Business Phone: (520)751-2222 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160266

MARSHA KAY DEIMERLY  
M D SQUARE INC  
M & M'S SALOON  
5956 S HERPA  
TUCSON AZ 85706

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100044 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/5/2006  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MARSHA KAY DEIMERLY \_\_\_\_\_  
Location: M & M'S SALOON \_\_\_\_\_  
3364 E BENSON HWY \_\_\_\_\_  
TUCSON, AZ 85706 \_\_\_\_\_  
Business Phone: (520)741-8782 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160267

DAVID JAMES WILLIAMSON  
CANOA RANCH CLUBHOUSE LLC  
GOLF CLUB AT CANOA RANCH  
4644 E FT LOWELL RD  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100204 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/1/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: DAVID JAMES WILLIAMSON \_\_\_\_\_  
Location: GOLF CLUB AT CANOA RANCH \_\_\_\_\_  
5800 S CAMINO DEL SOL \_\_\_\_\_  
GREEN VALLEY, AZ 85614 \_\_\_\_\_  
Business Phone: (520)393-1966 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160268

BILLY CHOY  
TUCSON CHINA DRAGON INC  
CHINA DRAGON RESTAURANT  
1625 W VALENCIA #101 - 103  
TUCSON AZ 85746

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103324 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/21/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: BILLY CHOY \_\_\_\_\_  
Location: CHINA DRAGON RESTAURANT \_\_\_\_\_  
1625 W VALENCIA RD #101-103 \_\_\_\_\_  
TUCSON, AZ 85746 \_\_\_\_\_  
Business Phone: (520)889-2388 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160269

JARED MICHAEL REPINSKI  
JOY BUFFET INC  
JOY BUFFET  
P O BOX 6252  
CHANDLER AZ 85246

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104441 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 8/4/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JARED MICHAEL REPINSKI \_\_\_\_\_  
Location: JOY BUFFET \_\_\_\_\_  
4780 E GRANT RD \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)795-1106 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160270

ANTONIO L GONZALEZ  
ALG DBL L, LLC  
GUILLERMO'S DOUBLE L RESTAURANT  
1830 S 4TH AVE  
SOUTH TUCSON AZ 85713

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103876 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 4/25/2008  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ANTONIO L GONZALEZ \_\_\_\_\_  
Location: GUILLERMO'S DOUBLE L RESTAURANT \_\_\_\_\_  
1830 S 4TH AVE \_\_\_\_\_  
SOUTH TUCSON, AZ 85713 \_\_\_\_\_  
Business Phone: (520)792-1585 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160271

RUBEN ALVA  
SILVER SADDLE ENTERPRISES OF TUCSON INC  
SILVER SADDLE STEAK HOUSE  
310 E BENSON HWY  
TUCSON AZ 85713

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103371 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/5/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: RUBEN ALVA \_\_\_\_\_  
Location: SILVER SADDLE STEAK HOUSE \_\_\_\_\_  
310 E BENSON HWY \_\_\_\_\_  
TUCSON, AZ 85713 \_\_\_\_\_  
Business Phone: (520)622-6253 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160272

JENNIFER PAULOS  
OLIVES BISTRO  
514 E WHITEHOUSE CANYON RD #100  
GREEN VALLEY AZ 85614

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104167 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/10/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: \_\_\_\_\_  
Location: OLIVES BISTRO \_\_\_\_\_  
514 E WHITEHOUSE CANYON RD #100 \_\_\_\_\_  
GREEN VALLEY, AZ 85614 \_\_\_\_\_  
Business Phone: (520)393-3431 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160273

GILBERTO GARCIA  
MARISCOS CHIHUAHUA #2  
3901 S 6TH AVE  
TUCSON AZ 85714

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103092 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/14/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: \_\_\_\_\_  
Location: MARISCOS CHIHUAHUA #2 \_\_\_\_\_  
3901 S 6TH AVE \_\_\_\_\_  
TUCSON, AZ 85714 \_\_\_\_\_  
Business Phone: (520)741-0361 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160274

MICHAEL BARTON MORSE  
LAS MARGARITAS INC  
LAS MARGARITAS  
3602 E GRANT RD  
TUCSON AZ 85716

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12100054 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/5/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MICHAEL BARTON MORSE \_\_\_\_\_  
Location: LAS MARGARITAS \_\_\_\_\_  
3602 E GRANT RD \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: (520)323-9880 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
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# 12100104 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/5/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MICHAEL BARTON MORSE \_\_\_\_\_  
Location: RESTAURANTE LAS MARGARITAS \_\_\_\_\_  
6011 N ORACLE RD \_\_\_\_\_  
TUCSON, AZ 85704 \_\_\_\_\_  
Business Phone: (520)297-8341 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners,

partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_  
(Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**\*Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160275

CUICHANG ZHOU  
LU & ZHOU LLC  
GREAT WALL OF CHINA  
2445 S CRAYCROFT RD  
TUCSON AZ 85711

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104361 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 7/2/2015  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: CUICHANG ZHOU \_\_\_\_\_  
Location: GREAT WALL OF CHINA \_\_\_\_\_  
2445 S CRAYCROFT RD \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)514-8888 \_\_\_\_\_  
% 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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160276

HOI WA KWAN  
KWAN LLC  
K JAPANESE RESTAURANT  
2962 N CAMPBELL AVE  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104378 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/2/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: HOI WA KWAN \_\_\_\_\_  
Location: K JAPANESE RESTAURANT \_\_\_\_\_  
2962 N CAMPBELL AVE \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)305-4117 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160277

MARGARITA AGUIRRE ROBIDOUX  
TNB TUCSON LLC  
SHERATON TUCSON HOTEL & SUITES  
5151 E GRANT RD  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 11103090 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 8/6/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MARGARITA AGUIRRE ROBIDOUX \_\_\_\_\_  
Location: SHERATON TUCSON HOTEL & SUITES \_\_\_\_\_  
5151 E GRANT RD \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)323-6262 \_\_\_\_\_  
% 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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary



**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160278

JARED MICHAEL REPINSKI  
LA COCINA AT OLD TOWN LLC  
LA COCINA RESTAURANT & CANTINA  
PO BOX 6252  
CHANDLER AZ 85246

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103502 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/5/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: JARED MICHAEL REPINSKI \_\_\_\_\_  
Location: LA COCINA RESTAURANT & CANTINA \_\_\_\_\_  
201 N COURT AVE \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)622-0351 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160279

RIGOBERTO LOPEZ  
RIGO'S RESTAURANT LLC  
RIGO'S RESTAURANT FINE MEXICAN FOOD  
5851 N ORACLE RD  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104109 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 6/2/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: RIGOBERTO LOPEZ \_\_\_\_\_  
Location: RIGO'S RESTAURANT FINE MEXICAN FOOD \_\_\_\_\_  
5851 N ORACLE RD \_\_\_\_\_  
TUCSON, AZ 85704 \_\_\_\_\_  
Business Phone: (520)887-2132 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160280

ANGELA TERESA LORD  
CASA MOLINA EAST INC  
CASA MOLINA  
6225 E SPEEDWAY  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104194 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/3/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ANGELA TERESA LORD \_\_\_\_\_  
Location: CASA MOLINA \_\_\_\_\_  
6225 E SPEEDWAY \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)886-5468 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160281

RICHARD WHUN KOGA  
TAKAMATSU INC  
TAKAMATSU JAPANESE & KOREAN RESTAURANT  
5532 E SPEEDWAY BLVD  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103003 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 7/19/2011  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: RICHARD WHUN KOGA \_\_\_\_\_  
Location: TAKAMATSU JAPANESE & KOREAN RESTAURANT \_\_\_\_\_  
5532 E SPEEDWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)512-0800 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160282

PEGGY JO JOHNSON  
LOFT CINEMA INC  
LOFT CINEMA  
3233 E SPEEDWAY BLVD  
TUCSON AZ 85716

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100071 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/9/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: PEGGY JO JOHNSON \_\_\_\_\_  
Location: LOFT CINEMA \_\_\_\_\_  
3233 E SPEEDWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: (520)795-0844 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160283

THOMAS ROBERT AGUILERA  
ARIZONA THEATRE CO  
ARIZONA THEATRE CO  
4554 E CAMP LOWELL DR  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100006 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/15/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: ARIZONA THEATRE CO \_\_\_\_\_  
330 S SCOTT AVE \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)884-8210 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160284

NATHANIEL ROBERT ARES  
GRANT PNP LLC  
PREP & PASTRY  
P O BOX 31150  
TUCSON AZ 85751

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104413 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 5/20/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: NATHANIEL ROBERT ARES \_\_\_\_\_  
Location: PREP & PASTRY \_\_\_\_\_  
6450 E GRANT RD STE 160 \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)838-0809 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160285

JOHN KATERELOS  
2 FOR 1 INC  
DOLCE VITA  
7895 E BROADWAY STE 9  
TUCSON AZ 85710

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103178 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/2/2001  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JOHN KATERELOS \_\_\_\_\_  
Location: DOLCE VITA \_\_\_\_\_  
7895 E BROADWAY STE 9 \_\_\_\_\_  
TUCSON, AZ 85710 \_\_\_\_\_  
Business Phone: (520)298-3700 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160286

RANDY D NATIONS  
WILDFLOWER GRILL LLC  
WILDFLOWER  
P O BOX 2502  
CHANDLER AZ 85224

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103183 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/1/2001  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: RANDY D NATIONS \_\_\_\_\_  
Location: WILDFLOWER \_\_\_\_\_  
7037 N ORACLE RD \_\_\_\_\_  
TUCSON, AZ 85704 \_\_\_\_\_  
Business Phone: (520)219-4230 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160287

CHIN YIN LIU  
XUE & LIU MANAGEMENT LLC  
U LIKE ORIENTAL BUFFET  
5101 N ORACLE RD  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104205 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/27/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: CHIN YIN LIU \_\_\_\_\_  
Location: U LIKE ORIENTAL BUFFET \_\_\_\_\_  
5101 N ORACLE RD \_\_\_\_\_  
TUCSON, AZ 85704 \_\_\_\_\_  
Business Phone: (520)293-5168 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160288

JASON M MACHAMER  
TRIDENT II LLC  
TRIDENT II  
PO BOX 41448  
TUCSON AZ 85717

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104404 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 2/22/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JASON M MACHAMER \_\_\_\_\_  
Location: TRIDENT II \_\_\_\_\_  
2900 N SWAN RD #100 \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)396-4455 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

- 1) \_\_\_\_\_  
Name Street City County Zip
- 2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160289

VICENTE SANCHEZ-MARTINEZ  
CASA VICENTE  
375 S STONE AVE  
TUCSON AZ 85701

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103662 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 4/25/2005  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: \_\_\_\_\_  
Location: CASA VICENTE \_\_\_\_\_  
375 S STONE AVE \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)884-8588 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160290

THOMAS ROBERT AGUILERA  
CHEDDAR'S CASUAL CAFE INC  
CHEDDAR'S CASUAL CAFE  
4554 E CAMP LOWELL DR  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104325 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/5/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: CHEDDAR'S CASUAL CAFE \_\_\_\_\_  
3455 E BROADWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: (520)327-0187 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160291

TERESA LYNN THURMAN  
TUCSON MARRIOTT UNIVERSITY PARK CATERING CO INC  
TUCSON MARRIOTT UNIVERSITY PARK  
300 HAMMONS PKWY STE 900  
SPRINGFIELD MO 65806

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 11103009 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/20/1996  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: TERESA LYNN THURMAN \_\_\_\_\_  
Location: TUCSON MARRIOTT UNIVERSITY PARK \_\_\_\_\_  
880 E SECOND ST \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)792-4100 \_\_\_\_\_  
% 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 \_\_\_\_\_ 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**

RI160292

ANDREA DAHLMAN LEWKOWITZ  
MIRAVAL RESORT ARIZONA OPERATING CO INC  
MIRAVAL  
2600 N CENTRAL AVE STE 1775  
PHOENIX AZ 85004

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. **MANAGER** as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. **EQUITABLE INTEREST HOLDER:** A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. **LICENSED RESTAURANT CRITERIA** - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses **WILL NOT** be renewed if the Business Data Report is not attached to this renewal.

E. **ANNUAL PRODUCTION REPORTING** - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 11103082 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/1/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ANDREA DAHLMAN LEWKOWITZ \_\_\_\_\_  
Location: MIRAVAL \_\_\_\_\_  
5000 E VIA ESTANCIA MIRAVAL \_\_\_\_\_  
TUCSON, AZ 85739 \_\_\_\_\_  
Business Phone: (520)825-4000 \_\_\_\_\_  
% 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 \_\_\_\_\_ 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**

RI160293

DANIEL BRUCE CHAVIS  
JUNGLE PARTNERS LLC  
PITA JUNGLE  
P O BOX 12901  
TUCSON AZ 85732-2901

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104019 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/6/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: DANIEL BRUCE CHAVIS \_\_\_\_\_  
Location: PITA JUNGLE \_\_\_\_\_  
5340 E BROADWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)481-8972 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160294

MARYANN LOPEZ  
KARICHIMAKA RESTAURANT & ENTERPRISES INC  
KARICHIMAKA  
5252 S MISSION RD  
TUCSON AZ 85746

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100176 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/1/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MARYANN LOPEZ \_\_\_\_\_  
Location: KARICHIMAKA \_\_\_\_\_  
5252 S MISSION RD \_\_\_\_\_  
TUCSON, AZ 85746 \_\_\_\_\_  
Business Phone: (520)883-0311 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160295

SALVATORE ZAGONA  
CARUSO'S RESTAURANT INC  
CARUSO'S RESTAURANT  
434 N 4TH AVE  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100216 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/1/1986  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: SALVATORE ZAGONA \_\_\_\_\_  
Location: CARUSO'S RESTAURANT \_\_\_\_\_  
434 N 4TH AVE \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)624-5765 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160296

JOSEPH MICHAEL SPINA, JR.  
MAMA'S EAST LLC  
MAMA'S FAMOUS PIZZA & HEROS  
4500 E SPEEDWAY #79  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103699 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 9/5/2007  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JOSEPH MICHAEL SPINA, JR. \_\_\_\_\_  
Location: MAMA'S FAMOUS PIZZA & HEROS \_\_\_\_\_  
50 S HOUGHTON RD #180 & #190 \_\_\_\_\_  
TUCSON, AZ 85748 \_\_\_\_\_  
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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160297

WILLIAM JOHN CLARK  
B & B SIB'S INVESTMENTS LLC  
FT LOWELL DEPOT  
3501 E FT LOWELL BLVD  
TUCSON AZ 85716

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100097 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 4/16/2001  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: WILLIAM JOHN CLARK \_\_\_\_\_  
Location: FT LOWELL DEPOT \_\_\_\_\_  
3501 E FT LOWELL BLVD \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: (520)795-8110 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160298

MARTHA LOUISE BRANSON  
100 ESTRELLA LLC  
100 ESTRELLA RESTAURANT  
2111 N ELLIOTT RD  
AJO AZ 85321

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103972 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/9/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: MARTHA LOUISE BRANSON \_\_\_\_\_  
Location: 100 ESTRELLA RESTAURANT \_\_\_\_\_  
100 W ESTRELLA \_\_\_\_\_  
AJO, AZ 85321 \_\_\_\_\_  
Business Phone: (520)387-3110 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip  
2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160299

H J LEWKOWITZ  
BROADWAY HOOTERS LP  
HOOTERS  
2600 N CENTRAL AVE #1775  
PHOENIX AZ 85004

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104385 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Inactive Status Date: 1/21/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: H J LEWKOWITZ \_\_\_\_\_  
Location: HOOTERS \_\_\_\_\_  
7280 E BROADWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85710 \_\_\_\_\_  
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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160300

DARRYL E SMITH  
NEVADA SMITH'S INC  
NEVADA SMITH'S SALOON  
1175 W MIRACLE MILE  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100236 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/13/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: DARRYL E SMITH \_\_\_\_\_  
Location: NEVADA SMITH'S SALOON \_\_\_\_\_  
1175 W MIRACLE MILE \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)622-9064 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160301

ATIYEH IBRAHIM INNABI  
WAGON WHEEL LIQUORS INC  
WAGON WHEEL POST BAR  
6803 N SANDARIO RD  
TUCSON AZ 85743

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100237 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 2/23/1989  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ATIYEH IBRAHIM INNABI \_\_\_\_\_  
Location: WAGON WHEEL POST BAR \_\_\_\_\_  
6803 N SANDARIO \_\_\_\_\_  
TUCSON, AZ 85743 \_\_\_\_\_  
Business Phone: (520)682-8223 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160302

JOHN R KOCIS  
CATTLE TOWN STEAKHOUSE & SALOON  
3141 E DREXAL RD  
TUCSON AZ 85706

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100245 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/28/1994  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: \_\_\_\_\_  
Location: CATTLE TOWN STEAKHOUSE & SALOON \_\_\_\_\_  
3141 E DREXEL RD \_\_\_\_\_  
TUCSON, AZ 85706 \_\_\_\_\_  
Business Phone: (520)295-1141 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160303

DIANE C NICHOLS  
TUCSON HOSPITALITY LLC  
STAYBRIDGE SUITES  
P O BOX 15  
ABERDEEN SD 57402

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100263 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/20/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: DIANE C NICHOLS \_\_\_\_\_  
Location: STAYBRIDGE SUITES \_\_\_\_\_  
2705 EXECUTIVE DR \_\_\_\_\_  
TUCSON, AZ 85756 \_\_\_\_\_  
Business Phone: (520)807-1004 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160304

JASON ROBERT ELHARD  
CHINA VIEW  
101 S LA CANADA DR #19  
GREEN VALLEY AZ 85614

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100504 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 7/20/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: \_\_\_\_\_  
Location: CHINA VIEW \_\_\_\_\_  
101 S LA CANADA #19 \_\_\_\_\_  
GREEN VALLEY, AZ 85614 \_\_\_\_\_  
Business Phone: (520)648-3848 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160305

SHARON LI GEE  
K & S GEE LTD  
GOLDEN DRAGON RESTAURANT  
6166 E SPEEDWAY BLVD  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103021 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 9/30/2005  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: SHARON LI GEE \_\_\_\_\_  
Location: GOLDEN DRAGON RESTAURANT \_\_\_\_\_  
6166 E SPEEDWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)512-1922 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160306

DAVID MICHAEL FUNG  
MANDARIN GRILL RESTAURANT INC  
MANDARIN GRILL  
505 E GRANT RD  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07101002 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 9/16/2003  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: DAVID MICHAEL FUNG \_\_\_\_\_  
Location: MANDARIN GRILL \_\_\_\_\_  
505 E GRANT RD \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)882-8028 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160307

THOMAS ROBERT AGUILERA  
LIVING ROOM TUCSON LLC  
LIVING ROOM WINE CAFE & LOUNGE  
4554 E CAMP LOWELL DR  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104380 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/1/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: LIVING ROOM WINE CAFE & LOUNGE \_\_\_\_\_  
2905 E SKYLINE DR #168 \_\_\_\_\_  
TUCSON, AZ 85718 \_\_\_\_\_  
Business Phone: (520)308-5591 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160308

THOMAS ROBERT AGUILERA  
HUMBLE PIE TUCSON LLC  
HUMBLE PIE PIZZA, WINE & SPIRITS  
4554 E CAMP LOWELL DR  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104384 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/12/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: HUMBLE PIE PIZZA, WINE & SPIRITS \_\_\_\_\_  
2905 E SKYLINE DR #294 \_\_\_\_\_  
TUCSON, AZ 85718 \_\_\_\_\_  
Business Phone: (520)395-1280 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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**

RI160309

RON THOMAS YAELI  
BRAVO GROUP VI LLC  
LA SALSA FRESH MEXICAN GRILL  
1916 E 3RD ST  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103795 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 3/29/2007  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: RON THOMAS YAELI \_\_\_\_\_  
Location: LA SALSA FRESH MEXICAN GRILL \_\_\_\_\_  
3007 E SPEEDWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: (520)326-4040 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160310

JOSEPH MICHAEL SPINA, JR.  
MAMA'S MIDWAY LLC  
MAMA'S FAMOUS PIZZA & HEROS  
4500 E SPEEDWAY BLVD #79A  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103190 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 5/12/1998  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JOSEPH MICHAEL SPINA, JR. \_\_\_\_\_  
Location: MAMA'S FAMOUS PIZZA & HEROS \_\_\_\_\_  
4500 E SPEEDWAY BLVD #79A \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)319-5586 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160311

HORACIO NOGALEZ CUBILLAS  
HUT  
202 E 12TH ST  
TUCSON AZ 85701

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100054 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Inactive Status Date: 4/15/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: \_\_\_\_\_  
Location: HUT \_\_\_\_\_  
1820 N AJO GILA BEND HWY \_\_\_\_\_  
AJO, AZ 85321 \_\_\_\_\_  
Business Phone: (520)387-6326 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160312

DANIEL JULIUS MANNHEIM  
ESPRESSO ART CAFE LLC  
ESPRESSO ART CAFE  
942 E UNIVERSITY BLVD  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104185 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/17/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: DANIEL JULIUS MANNHEIM \_\_\_\_\_  
Location: ESPRESSO ART CAFE \_\_\_\_\_  
942 E UNIVERSITY BLVD \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)624-4126 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160313

THOMAS ROBERT AGUILERA  
PASCUA YAQUI TRIBE  
SEWAILO GOLF CLUB  
4554 E CAMP LOWELL DR  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100082 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/5/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: SEWAILO GOLF CLUB \_\_\_\_\_  
5655 W VALENCIA RD \_\_\_\_\_  
TUCSON, AZ 85757 \_\_\_\_\_  
Business Phone: (520)838-6464 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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# 06100187 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/17/2001  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: CASINO DEL SOL \_\_\_\_\_  
5655 W VALENCIA RD \_\_\_\_\_  
TUCSON, AZ 85746 \_\_\_\_\_  
Business Phone: (520)879-5153 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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**

RI160314

THOMAS ROBERT AGUILERA  
ERMANOS CRAFT BEER DEPOT LLC  
ERMANOS  
4554 E CAMP LOWELL DR  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100207 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 2/20/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: ERMANOS \_\_\_\_\_  
220 N 4TH AVE \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: \_\_\_\_\_

Renewal Fees:  
License Renewal: 75.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 35.00  
Total: 175.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_ 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**

RI160315

BRIAN KEITH MC BRIDE  
ARIZONA BEER HOUSE LLC  
ARIZONA BEER HOUSE  
150 S KOLB RD  
TUCSON AZ 85710

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100059 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 6/9/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: BRIAN KEITH MC BRIDE \_\_\_\_\_  
Location: ARIZONA BEER HOUSE \_\_\_\_\_  
150 S KOLB RD \_\_\_\_\_  
TUCSON, AZ 85710 \_\_\_\_\_  
Business Phone: (520)207-8077 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160316

SHELBY DANIEL COLLIER  
B B SWEETS INC  
BEYOND BREAD  
3957 E SPEEDWAY BLVD #209  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100146 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/1/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: SHELBY DANIEL COLLIER \_\_\_\_\_  
Location: BEYOND BREAD \_\_\_\_\_  
3026 N CAMPBELL AVE \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)322-9965 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160317

KEVIN ARNOLD KRAMBER  
FOX TUCSON THEATER FOUNDATION  
FOX THEATER  
536 E WAGON BLUFF DR  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100150 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/27/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: FOX THEATER \_\_\_\_\_  
17 W CONGRESS ST \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)624-1515 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160318

DANIEL DOMINIC SCORDATO  
PIZZERIA VIVACE LLC  
PIZZERIA VIVACE  
4911 N STONE AVE  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103962 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/6/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: DANIEL DOMINIC SCORDATO \_\_\_\_\_  
Location: PIZZERIA VIVACE \_\_\_\_\_  
4280 N CAMPBELL AVE #55 \_\_\_\_\_  
TUCSON, AZ 85718 \_\_\_\_\_  
Business Phone: (520)529-2700 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
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# 12104416 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 5/24/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: DANIEL DOMINIC SCORDATO \_\_\_\_\_  
Location: SCORDATO'S PIZZERIA \_\_\_\_\_  
4911 N STONE AVE \_\_\_\_\_  
TUCSON, AZ 85704 \_\_\_\_\_  
Business Phone: (520)529-2700 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners,

partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_  
(Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**\*Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160319

ANDREA DAHLMAN LEWKOWITZ  
SWH MIMI'S CAFE LLC  
MIMI'S CAFE  
2600 N CENTRAL AVE STE 1775  
PHOENIX AZ 85004

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104240 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 9/26/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ANDREA DAHLMAN LEWKOWITZ \_\_\_\_\_  
Location: MIMI'S CAFE \_\_\_\_\_  
120 S WILMOT RD \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)747-7273 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
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# 12104241 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 9/26/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ANDREA DAHLMAN LEWKOWITZ \_\_\_\_\_  
Location: MIMI'S CAFE \_\_\_\_\_  
4420 N ORACLE RD \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)690-9544 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners,

partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_  
(Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**\*Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160320

THOMAS ROBERT AGUILERA  
TUCSON WINGS I LLC  
WINGSTOP  
4554 E CAMP LOWELL DR  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104284 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 5/15/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: WINGSTOP \_\_\_\_\_  
7940 E BROADWAY BLVD #102 \_\_\_\_\_  
TUCSON, AZ 85710 \_\_\_\_\_  
Business Phone: (520)296-9464 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
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# 12104396 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/26/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: WINGSTOP \_\_\_\_\_  
7942 E BROADWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85710 \_\_\_\_\_  
Business Phone: (520)296-9464 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners,

partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_  
(Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**\*Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160321

THOMAS ROBERT AGUILERA  
TUCSON WINGS II LLC  
WINGSTOP  
4554 E CAMP LOWELL DR  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104286 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 5/15/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: WINGSTOP \_\_\_\_\_  
2106 W GRANT RD \_\_\_\_\_  
TUCSON, AZ 85745 \_\_\_\_\_  
Business Phone: (520)770-9464 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160322

VINCENT JASON BIANCHI  
BIANCHI PIZZA LLC  
BIANCHI'S ITALIAN  
1110 N SILVERBELL RD  
TUCSON AZ 85745

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100206 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 2/26/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: VINCENT JASON BIANCHI \_\_\_\_\_  
Location: BIANCHI'S ITALIAN \_\_\_\_\_  
1110 N SILVERBELL RD \_\_\_\_\_  
TUCSON, AZ 85745 \_\_\_\_\_  
Business Phone: (520)882-8500 \_\_\_\_\_

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

-----  
License# 12103469 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/17/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: VINCENT JASON BIANCHI \_\_\_\_\_  
Location: BIANCHI'S ITALIAN \_\_\_\_\_  
1110 N SILVERBELL RD \_\_\_\_\_  
TUCSON, AZ 85745 \_\_\_\_\_  
Business Phone: (520)882-8500 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_  
(Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**\*Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160323

YOSHIMI TASHIMA  
YOSHIMATSU LLC  
CASA VALENCIA  
2741 N CAMPBELL AVE  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100050 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Inactive Status Date: 3/1/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: YOSHIMI TASHIMA \_\_\_\_\_  
Location: CASA VALENCIA \_\_\_\_\_  
2660 N CAMPBELL AVE \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)207-1668 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160324

FRANK CARDON  
INTERNATIONAL RESTAURANTS II, LLC  
LA PARRILLA SUIZA #5  
2720 N ORACLE RD  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103427 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/7/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: FRANK CARDON \_\_\_\_\_  
Location: LA PARRILLA SUIZA #5 \_\_\_\_\_  
4250 W INA RD \_\_\_\_\_  
TUCSON, AZ 85741 \_\_\_\_\_  
Business Phone: (520)572-7200 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160325

RIGOBERTO LOPEZ  
MAYRA-FABIOLA COMPANY LLC  
RIGO'S RESTAURANT  
2527 S 4TH AVE  
SOUTH TUCSON AZ 85713

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103322 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 5/15/2000  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: RIGOBERTO LOPEZ \_\_\_\_\_  
Location: RIGO'S RESTAURANT \_\_\_\_\_  
2527 S 4TH AVE \_\_\_\_\_  
SOUTH TUCSON, AZ 85713 \_\_\_\_\_  
Business Phone: (520)882-9323 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160326

SARA A FITZSIMONS  
4340 N CAMPBELL AVENUE 164 LLC  
AMALOUR  
4340 N CAMPBELL AVE #164  
TUCSON AZ 85718

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104346 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 2/17/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: SARA A FITZSIMONS \_\_\_\_\_  
Location: AMALOUR \_\_\_\_\_  
4340 N CAMPBELL AVE #164 & 185 \_\_\_\_\_  
TUCSON, AZ 85718 \_\_\_\_\_  
Business Phone: (520)395-1387 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160327

ANA DANIELA PEREZ  
CARLOTA'S OV LLC  
CARLOTA'S AUTHENTIC MEXICAN CUISINE  
10420 N LA CANADA DR #170  
TUCSON AZ 85737

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104132 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 10/13/2011  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: ANA DANIELA PEREZ \_\_\_\_\_  
Location: CARLOTA'S AUTHENTIC MEXICAN CUISINE \_\_\_\_\_  
10420 N LA CANADA DR #170 \_\_\_\_\_  
ORO VALLEY, AZ 85737 \_\_\_\_\_  
Business Phone: (520)219-4560 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160328

JAMES DION CONNOR  
BLAZIN WINGS INC  
BUFFALO WILD WINGS  
5500 WAYZATA BLVD STE 1600  
MINNEAPOLIS MN 55416

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104179 Renew?  Yes  No  
Status: Active Status Date: 7/31/2012  
License Inactive?  Yes  No Changes:(may require additional Filing)  
Agent: JAMES DION CONNOR \_\_\_\_\_  
Location: BUFFALO WILD WINGS \_\_\_\_\_  
4329 N ORACLE RD SUITE 135 \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)888-3184 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
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# 12104326 Renew?  Yes  No  
Status: Active Status Date: 12/1/2014  
License Inactive?  Yes  No Changes:(may require additional Filing)  
Agent: JAMES DION CONNOR \_\_\_\_\_  
Location: BUFFALO WILD WINGS \_\_\_\_\_  
1390 W IRVINGTON RD \_\_\_\_\_  
TUCSON, AZ 85714 \_\_\_\_\_  
Business Phone: (520)799-9464 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
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# 12104327 Renew?  Yes  No  
Status: Active Status Date: 12/1/2014  
License Inactive?  Yes  No Changes:(may require additional Filing)  
Agent: JAMES DION CONNOR \_\_\_\_\_  
Location: BUFFALO WILD WINGS \_\_\_\_\_  
68 N HARRISON RD \_\_\_\_\_  
TUCSON, AZ 85748 \_\_\_\_\_  
Business Phone: (520)296-8409 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: ( ) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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**

RI160329

DAVID A ZUGERMAN  
TUCSON HOP SHOP LLC  
TUCSON HOP SHOP  
4669 N BELGRAVIA RD  
TUCSON AZ 85716

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100326 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 9/9/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: DAVID A ZUGERMAN \_\_\_\_\_  
Location: TUCSON HOP SHOP \_\_\_\_\_  
3230 N DODGE BLVD \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: (520)908-7765 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160330

TONGBAI WOODS  
THAI FAMILY RESTAURANT LLC  
SA-ING THAI CUISINE  
6502 E TANQUE VERDE RD  
TUCSON AZ 85715

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103571 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/6/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: TONGBAI WOODS \_\_\_\_\_  
Location: SA-ING THAI CUISINE \_\_\_\_\_  
9136 E VALENCIA RD #100 \_\_\_\_\_  
TUCSON, AZ 85747 \_\_\_\_\_  
Business Phone: (520)663-5955 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip  
2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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**

RI160331

NANCY JANE BYRD  
EMPIRE MOUNTAIN CATERING LLC  
EMPIRE MOUNTAIN CATERING  
1235 W CAMINO CUZCO  
SAHUARITA AZ 85629

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104255 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/6/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: NANCY JANE BYRD \_\_\_\_\_  
Location: EMPIRE MOUNTAIN CATERING \_\_\_\_\_  
277 W DUVAL RD \_\_\_\_\_  
GREEN VALLEY, AZ 85614 \_\_\_\_\_  
Business Phone: (520)625-2526 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160332

ERIC LAURENCE WOLF  
HUNGRY WOLF #4 LLC  
SMASHBURGER #4  
P O BOX 35218  
TUCSON AZ 85740

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104414 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 4/1/2016  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: ERIC LAURENCE WOLF \_\_\_\_\_  
Location: SMASHBURGER #4 \_\_\_\_\_  
7625 N ORACLE RD #145 \_\_\_\_\_  
ORO VALLEY, AZ 85740 \_\_\_\_\_  
Business Phone: (520)742-3332 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160333

KENT DAVID EDWARDS  
GRAND CINEMAS LLC  
SCREENING ROOM  
127 E CONGRESS ST  
TUCSON AZ 85701

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100241 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 9/30/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KENT DAVID EDWARDS \_\_\_\_\_  
Location: SCREENING ROOM \_\_\_\_\_  
127 E CONGRESS ST \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)882-0204 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160334

GRANT DARIEN KRUEGER  
UNION LLC  
UNION PUBLIC HOUSE  
4340 N CAMPBELL AVE #103  
TUCSON AZ 85718

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104129 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/14/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: GRANT DARIEN KRUEGER \_\_\_\_\_  
Location: UNION PUBLIC HOUSE \_\_\_\_\_  
4340 N CAMPBELL AVE #103 \_\_\_\_\_  
TUCSON, AZ 85718 \_\_\_\_\_  
Business Phone: (520)329-8575 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160335

RAYMON CARLO FLORES  
ORACLE TEAM TACO LLC  
SIR VEZA'S TACO GARAGE  
4644 E FT LOWELL RD  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104142 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 1/5/2012  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: RAYMON CARLO FLORES \_\_\_\_\_  
Location: SIR VEZA'S TACO GARAGE \_\_\_\_\_  
220 W WETMORE RD \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)545-0886 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

- 1) \_\_\_\_\_  
Name Street City County Zip
- 2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160336

RAMIRO JAMES SCAVO  
U EATERY & BAR LLC  
PASCO KITCHEN & LOUNGE  
820 E UNIVERSITY BLVD  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104082 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/7/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: RAMIRO JAMES SCAVO \_\_\_\_\_  
Location: PASCO KITCHEN & LOUNGE \_\_\_\_\_  
820 E UNIVERSITY BLVD \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)882-8013 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160337

BILLY CHOY  
DRAGON VILLAGE LLC  
DRAGON VILLAGE RESTAURANT  
3681 W BELLEWOOD PL  
TUCSON AZ 85741

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. **MANAGER** as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. **EQUITABLE INTEREST HOLDER:** A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
 (Signature) (Print Name)

D. **LICENSED RESTAURANT CRITERIA** - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses **WILL NOT** be renewed if the Business Data Report is not attached to this renewal.

E. **ANNUAL PRODUCTION REPORTING** - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104376 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 9/25/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: BILLY CHOY \_\_\_\_\_  
Location: DRAGON VILLAGE RESTAURANT \_\_\_\_\_  
12152 N RANCHO VISTOSO BLVD # C-180 \_\_\_\_\_  
ORO VALLEY, AZ 85737 \_\_\_\_\_  
Business Phone: (520)229-0388 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160338

GINA CHAN  
PEKING PALACE OF TUCSON LLC  
PEKING PALACE RESTAURANT  
6970 E 22 ST # 100  
TUCSON AZ 85710

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103030 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/7/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: GINA CHAN \_\_\_\_\_  
Location: PEKING PALACE RESTAURANT \_\_\_\_\_  
6970 E 22ND ST STE 100 \_\_\_\_\_  
TUCSON, AZ 85710 \_\_\_\_\_  
Business Phone: (520)750-9614 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160339

KEVIN ARNOLD KRAMBER  
DORADO GOLF COURSE LLC  
DORADO COUNTRY CLUB  
536 E WAGON BLUFF DR  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100102 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 6/30/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: DORADO COUNTRY CLUB \_\_\_\_\_  
6601 E SPEEDWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85710 \_\_\_\_\_  
Business Phone: (520)885-6751 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160340

JEFFREY BRETT TIMAN  
GUEST RANCH RESORT LLC  
HACIENDA DEL SOL GUEST RANCH RESORT  
5601 N HACIENDA DEL SOL RD  
TUCSON AZ 85718

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 11103003 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/7/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JEFFREY BRETT TIMAN \_\_\_\_\_  
Location: HACIENDA DEL SOL GUEST RANCH RESORT \_\_\_\_\_  
5601 N HACIENDA DEL SOL RD STE A \_\_\_\_\_  
TUCSON, AZ 85718 \_\_\_\_\_  
Business Phone: (520)299-1501 \_\_\_\_\_  
% 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 \_\_\_\_\_ 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**

RI160341

MICHAEL ORMOND KELLY  
ENTERPRISE 54 LLC  
FAMOUS SAM'S #3  
2480 W RUTHRAUFF ROAD #190  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100231 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/15/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MICHAEL ORMOND KELLY \_\_\_\_\_  
Location: FAMOUS SAM'S #3 \_\_\_\_\_  
2480 W RUTHRAUFF RD #190 \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)292-0492 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160342

BRENDAN MICHAEL YACE  
HORSESHOE BARBECUE LLC  
HORSESHOE BARBECUE  
6575 N SANDARIO RD  
TUCSON AZ 85743

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104278 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 5/6/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: BRENDAN MICHAEL YACE \_\_\_\_\_  
Location: HORSESHOE BARBECUE \_\_\_\_\_  
6575 N SANDARIO RD \_\_\_\_\_  
TUCSON, AZ 85743 \_\_\_\_\_  
Business Phone: (520)616-7145 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160343

WESLEY RUDOLPH BECKER, JR.  
TUCSON BOWL LLC  
TUCSON BOWL  
3665 S 16TH AVE  
TUCSON AZ 85713

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100017 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 8/8/2000  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: WESLEY RUDOLPH BECKER, JR. \_\_\_\_\_  
Location: TUCSON BOWL \_\_\_\_\_  
7020 E 21ST ST \_\_\_\_\_  
TUCSON, AZ 85710 \_\_\_\_\_  
Business Phone: (520)747-1363 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 35.00  
Total: 250.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_ 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**

RI160344

CLARE HOLLIE ABEL  
OTB ACQUISITION LLC  
ON THE BORDER MEXICAN GRILL  
2201 W ROYAL LANE #240  
IRVING TX 75063

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104051 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 8/30/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: CLARE HOLLIE ABEL \_\_\_\_\_  
Location: ON THE BORDER MEXICAN GRILL \_\_\_\_\_  
5205 E BROADWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85711-3702 \_\_\_\_\_  
Business Phone: (520)441-7440 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160345

KEVIN ARNOLD KRAMBER  
CM CATALINA LLC  
CHUY'S MESQUITE BROILER  
536 E WAGON BLUFF DR  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104373 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/13/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: CHUY'S MESQUITE BROILER \_\_\_\_\_  
15310 N ORACLE RD \_\_\_\_\_  
CATALINA, AZ 85739 \_\_\_\_\_  
Business Phone: (520)612-7716 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip  
2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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**

RI160346

ANDREA DAHLMAN LEWKOWITZ  
WESTERN HOST INC  
WESTIN LA PALOMA HOTEL  
2600 N CENTRAL AVE STE 1775  
PHOENIX AZ 85004

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100009 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 9/14/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ANDREA DAHLMAN LEWKOWITZ \_\_\_\_\_  
Location: WESTIN LA PALOMA HOTEL \_\_\_\_\_  
3800 E SUNRISE DR \_\_\_\_\_  
TUCSON, AZ 85718 \_\_\_\_\_  
Business Phone: (520)742-6000 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
ARS 4-209 K Sur-Charge: 35.00  
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 \_\_\_\_\_ 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**

RI160347

THOMAS ROBERT AGUILERA  
OUTPOST INVESTMENTS #302 INC  
TILTED KILT  
4554 E CAMP LOWELL DR  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103527 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 7/29/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: TILTED KILT \_\_\_\_\_  
250 S CRAYCROFT RD #140 \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)298-3500 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160348

ERIC LAURENCE WOLF  
HUNGRY WOLF #2 LLC  
SMASHBURGER #2  
9790 E CARON ST  
SCOTTSDALE AZ 85258

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104231 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 7/31/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ERIC LAURENCE WOLF \_\_\_\_\_  
Location: SMASHBURGER #2 \_\_\_\_\_  
3837 E BROADWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: (520)325-9553 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160349

JARED MICHAEL REPINSKI  
ZEPHYR TUCSON LLC  
SAINT CHARLES TAVERN  
P O BOX 6252  
CHANDLER AZ 85246

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100036 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 8/7/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JARED MICHAEL REPINSKI \_\_\_\_\_  
Location: SAINT CHARLES TAVERN \_\_\_\_\_  
1632 S 4TH AVE \_\_\_\_\_  
SOUTH TUCSON, AZ 85713 \_\_\_\_\_  
Business Phone: (520)888-5925 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160350

OTTO RAMON BOHON  
ORB 58 LLC  
EL MERENDERO RESTAURANT  
5443 S 12TH AVE  
TUCSON AZ 85706

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100288 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 2/5/2001  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: OTTO RAMON BOHON \_\_\_\_\_  
Location: EL MERENDERO RESTAURANT \_\_\_\_\_  
5443 S 12TH AVE \_\_\_\_\_  
TUCSON, AZ 85706 \_\_\_\_\_  
Business Phone: (520)294-1522 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160351

PATRICK CAMPBELL BUSH  
PCB PIZZA LLC  
ROSATI'S PIZZA  
9701 N PASEO CORONA  
ORO VALLEY AZ 85737

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07103000 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/5/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: PATRICK CAMPBELL BUSH \_\_\_\_\_  
Location: ROSATI'S PIZZA \_\_\_\_\_  
2944 W INA RD \_\_\_\_\_  
TUCSON, AZ 85741 \_\_\_\_\_  
Business Phone: (520)531-1100 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160352

NANCY E KUHLMANN  
FT LOWELL PUB  
HCR3 BOX 1081  
TUCSON AZ 85739

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100255 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/1/2001  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: \_\_\_\_\_  
Location: FT LOWELL PUB \_\_\_\_\_  
746 E FT LOWELL \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)884-0678 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 35.00  
Total: 250.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

- 1) \_\_\_\_\_  
Name Street City County Zip
- 2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_ 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**

RI160353

KEVIN ARNOLD KRAMBER  
SCREAMING LIFE LLC  
LOUDHOUSE  
536 E WAGON BLUFF DR  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100147 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 2/5/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: LOUDHOUSE \_\_\_\_\_  
915 W PRINCE \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)293-7339 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160354

THOMAS ROBERT AGUILERA  
BROOKLYN PIZZA CO LLC  
BROOKLYN PIZZA CO  
4554 E CAMP LOWELL DR  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100287 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/7/1999  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: BROOKLYN PIZZA CO \_\_\_\_\_  
534 N 4TH AVE \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)622-6868 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160355

DIANA JANETH ARAI  
GINZA SUSHI LLC  
GINZA SUSHI  
5425 N KOLB RD #115  
TUCSON AZ 85750

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103862 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 2/5/2008  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: DIANA JANETH ARAI \_\_\_\_\_  
Location: GINZA SUSHI \_\_\_\_\_  
5425 N KOLB RD #115 \_\_\_\_\_  
TUCSON, AZ 85750 \_\_\_\_\_  
Business Phone: (520)529-8877 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160356

HECTOR ADOLFO HERAS  
H & A TACOS LLC  
EL TACO TOTE  
1645 W VALENCIA RD #111  
TUCSON AZ 85746

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103843 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/14/2007  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: HECTOR ADOLFO HERAS \_\_\_\_\_  
Location: EL TACO TOTE \_\_\_\_\_  
1645 W VALENCIA RD #111 \_\_\_\_\_  
TUCSON, AZ 85746 \_\_\_\_\_  
Business Phone: (520)290-8759 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160357

KEVIN ARNOLD KRAMBER  
TOOLEY'S CINCUENTA LLC  
PENCA  
536 E WAGON BLUFF DR  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104171 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 7/24/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: PENCA \_\_\_\_\_  
50 E BROADWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)798-3331 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160358

KEVIN ARNOLD KRAMBER  
WILD BOYS #1 LLC  
MINT  
536 E WAGON BLUFF DR  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100094 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 9/21/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: MINT \_\_\_\_\_  
3540 E GRANT RD \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: (520)881-9169 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160359

PAUL CHRISTOPHER CLARK  
C & S MANAGEMENT INC  
KON TIKI  
4625 E BROADWAY  
TUCSON AZ 85711

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100121 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/2/1997  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: PAUL CHRISTOPHER CLARK \_\_\_\_\_  
Location: KON TIKI \_\_\_\_\_  
4625 E BROADWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)323-7193 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160360

LETICIA CORRALES MURRIETTA  
CHIHONKY LLC  
BRANDING IRON BAR  
5442 S 12TH AVE  
TUCSON AZ 85706

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100273 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 2/8/2000  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: LETICIA CORRALES MURRIETTA \_\_\_\_\_  
Location: BRANDING IRON BAR \_\_\_\_\_  
5442 S 12TH AVE \_\_\_\_\_  
TUCSON, AZ 85706 \_\_\_\_\_  
Business Phone: (520)806-0597 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160361

EUNIL JANG  
JANG IL CORPORATION  
SACHIKO SUSHI II  
3210 E VALENCIA RD  
TUCSON AZ 85706

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104018 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 5/14/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: EUNIL JANG \_\_\_\_\_  
Location: SACHIKO SUSHI II \_\_\_\_\_  
3210 E VALENCIA RD \_\_\_\_\_  
TUCSON, AZ 85706 \_\_\_\_\_  
Business Phone: (520)741-1000 \_\_\_\_\_  
% 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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160362

ARIC KAISER MUSSMAN  
VERO AMORE LLC  
VERO AMORE  
4020 N VIA DE CUERNS  
TUCSON AZ 85718

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104201 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/25/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ARIC KAISER MUSSMAN \_\_\_\_\_  
Location: VERO AMORE \_\_\_\_\_  
2920 N SWAN RD #114 \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)325-4122 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160363

WILLIAM BRENT WADSWORTH  
LSL COMPANY LLC  
MIRA VISTA RESORT  
7501 N WADE RD  
TUCSON AZ 85743

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 11103056 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/15/2006  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: WILLIAM BRENT WADSWORTH \_\_\_\_\_  
Location: MIRA VISTA RESORT \_\_\_\_\_  
7501 N WADE RD \_\_\_\_\_  
TUCSON, AZ 85743 \_\_\_\_\_  
Business Phone: (520)744-2355 \_\_\_\_\_  
% 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 \_\_\_\_\_ 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**

RI160364

CARL FERRIS SORELL  
C SORELL ENTERPRISES LLC  
B Z'S PIZZA COMPANY  
8838 E BROADWAY BLVD  
TUCSON AZ 85710

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104292 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 5/12/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: CARL FERRIS SORELL \_\_\_\_\_  
Location: B Z'S PIZZA COMPANY \_\_\_\_\_  
8838 E BROADWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85710 \_\_\_\_\_  
Business Phone: (520)546-1402 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160365

VINCE FRANK VOLLERO  
CHENZO INC  
MARIO'S PIZZA  
3157 N 1ST AVE  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100212 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/14/2003  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: VINCE FRANK VOLLERO \_\_\_\_\_  
Location: MARIO'S PIZZA \_\_\_\_\_  
3157 N 1ST AVE \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)622-3668 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160366

RIAD ALTOUBAL  
ZAYNA RESTAURANT # 2 LLC  
ZAYNA MEDITERRANEAN  
6545 E CALLE DE AMIGOS  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104113 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 6/16/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: RIAD ALTOUBAL \_\_\_\_\_  
Location: ZAYNA MEDITERRANEAN \_\_\_\_\_  
4122 E SPEEDWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)881-4348 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160367

JARED MICHAEL REPINSKI  
TUCSON MUSEUM OF ART & HISTORIC BLOCK INC  
TUCSON MUSEUM OF ART  
P O BOX 6252  
CHANDLER AZ 85246

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100133 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 7/13/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JARED MICHAEL REPINSKI \_\_\_\_\_  
Location: TUCSON MUSEUM OF ART \_\_\_\_\_  
140 N MAIN AVE \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)624-2333 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160368

THOMAS ADAM KERMABON  
T N R & S ACQUISITION INC  
TUCSON NATIONAL GOLF & CONFERENCE RESORT  
4001 MAPLE AVE STE 500  
DALLAS TX 75219-3241

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100165 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 4/2/1993  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ADAM KERMABON \_\_\_\_\_  
Location: TUCSON NATIONAL GOLF & CONFERENCE RESORT \_\_\_\_\_  
2727 W CLUB DR \_\_\_\_\_  
TUCSON, AZ 85741 \_\_\_\_\_  
Business Phone: (520)297-2271 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160369

THOMAS PETER FIRTH  
STONERIVER VENTURE LLC  
STRAY DOGS  
PO BOX 64718  
TUCSON AZ 85728-4718

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100147 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/14/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS PETER FIRTH \_\_\_\_\_  
Location: STRAY DOGS \_\_\_\_\_  
78 W RIVER RD \_\_\_\_\_  
TUCSON, AZ 85704 \_\_\_\_\_  
Business Phone: (520)888-7878 \_\_\_\_\_

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# 12103529 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/14/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS PETER FIRTH \_\_\_\_\_  
Location: STRAY DOGS \_\_\_\_\_  
78 W RIVER RD \_\_\_\_\_  
TUCSON, AZ 85704 \_\_\_\_\_  
Business Phone: (520)888-7878 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_  
(Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**\*Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160370

MARK ANTHONY BIANCHI  
IRONWOOD FOODSERVICES LLC  
IRONWOOD TERRACES/OCOTILLO  
2021 N KINNEY RD  
TUCSON AZ 85743

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12101263 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/3/2005  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MARK ANTHONY BIANCHI \_\_\_\_\_  
Location: IRONWOOD TERRACES/OCOTILLO \_\_\_\_\_  
2021 N KINNEY RD \_\_\_\_\_  
TUCSON, AZ 85743 \_\_\_\_\_  
Business Phone: (520)883-1380 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160371

BILLY EUGENE GOURLEY  
QUAIL CANYON GOLF INC  
QUAIL CANYON GOLF COURSE  
5910 N ORACLE RD  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100225 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/17/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: BILLY EUGENE GOURLEY \_\_\_\_\_  
Location: QUAIL CANYON GOLF COURSE \_\_\_\_\_  
5910 N ORACLE RD \_\_\_\_\_  
TUCSON, AZ 85704 \_\_\_\_\_  
Business Phone: (520)887-6161 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160372

SHELBY DANIEL COLLIER  
TUCSON BREAD WORKS INC  
BEYOND BREAD  
3957 E SPEEDWAY BLVD #209  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100136 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/6/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: SHELBY DANIEL COLLIER \_\_\_\_\_  
Location: BEYOND BREAD \_\_\_\_\_  
6260 E SPEEDWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)747-7477 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160373

ROBERT KEATING RAYNOR  
OUTPOST INVESTMENTS #200 INC  
RISKY BUSINESS  
1988 N KOLB RD  
TUCSON AZ 85715

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103409 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/5/2001  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ROBERT KEATING RAYNOR \_\_\_\_\_  
Location: RISKY BUSINESS \_\_\_\_\_  
8848 E TANQUE VERDE RD \_\_\_\_\_  
TUCSON, AZ 85749 \_\_\_\_\_  
Business Phone: (520)749-8555 \_\_\_\_\_  
% 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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160374

RAYNU MICHAEL FERNANDO  
JJ & R MANAGEMENT LLC  
OASIS AT WILD HORSE RANCH  
6801 N CAMINO VERDE  
TUCSON AZ 85743

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100093 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/14/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: RAYNU MICHAEL FERNANDO \_\_\_\_\_  
Location: OASIS AT WILD HORSE RANCH \_\_\_\_\_  
6801 N CAMINO VERDE \_\_\_\_\_  
TUCSON, AZ 85743 \_\_\_\_\_  
Business Phone: (520)744-1012 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160375

BRYON D LOPEZ  
SOUTHWESTERN FAIR COMMISSION INC  
PIMA COUNTY FAIRGROUNDS  
11300 S HOUGHTON RD  
TUCSON AZ 85747

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100194 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 5/19/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: BRYON D LOPEZ \_\_\_\_\_  
Location: PIMA COUNTY FAIRGROUNDS \_\_\_\_\_  
11300 S HOUGHTON RD \_\_\_\_\_  
TUCSON, AZ 85747 \_\_\_\_\_  
Business Phone: (520)762-9100 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160376

ELISA KIMOTO  
AOKIMOTO INC  
SAGA RESTAURANT & SUSHI BAR  
2955 E SPEEDWAY  
TUCSON AZ 85716

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100078 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/7/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ELISA KIMOTO \_\_\_\_\_  
Location: SAGA RESTAURANT & SUSHI BAR \_\_\_\_\_  
2955 E SPEEDWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: (520)320-0535 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160377

GREGORY JON HAVER  
MONTEREY COURT CAFE LLC  
MONTEREY COURT CAFE  
505 W MIRACLE MILE  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104148 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/12/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: GREGORY JON HAVER \_\_\_\_\_  
Location: MONTEREY COURT CAFE \_\_\_\_\_  
505 W MIRACLE MILE \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)207-2429 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160378

CHARLES STEWART RYAN  
CHARIOT ITALIAN BISTRO  
9681 E RAND PL  
TUCSON AZ 85715

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100180 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/26/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: \_\_\_\_\_  
Location: CHARIOT ITALIAN BISTRO \_\_\_\_\_  
1835 S ALVERNON STE 207 \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)750-8350 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160379

RICHARD B LIU  
CHINA SZECHWAN LLC  
CHINA SZECHWAN  
1800 E FORT LOWELL RD #134  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07101004 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/1/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: RICHARD B LIU \_\_\_\_\_  
Location: CHINA SZECHWAN \_\_\_\_\_  
1800 E FORT LOWELL RD #136 \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)795-0888 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160380

KELLY ROBERT COOPER  
TUCSON FONDUE HOLDINGS LLC  
MELTING POT  
7401 N LA CHOLLA BLVD #109  
TUCSON AZ 85741

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104328 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/5/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: KELLY ROBERT COOPER \_\_\_\_\_  
Location: MELTING POT \_\_\_\_\_  
7401 N LA CHOLLA BLVD #109 \_\_\_\_\_  
TUCSON, AZ 85741 \_\_\_\_\_  
Business Phone: (520)575-6358 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160381

MUKHTIAR SINGH  
KHINDA LLC  
FLAVOR OF INDIA RESTAURANT  
12112 N RANCHO VISTOS BLVD A 100  
ORO VALLEY AZ 85755

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104043 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/15/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MUKHTIAR SINGH \_\_\_\_\_  
Location: FLAVOR OF INDIA RESTAURANT \_\_\_\_\_  
12112 N RANCHO VISTOSO BLVD STE A100 \_\_\_\_\_  
ORO VALLEY, AZ 85755 \_\_\_\_\_  
Business Phone: (520)544-3005 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160382

JAY ARTHUR TOLKOFF  
PJ SUBS I LLC  
T 6 FILLING STATION  
2500 EAST SIXTH ST  
TUCSON AZ 85716

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103960 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/7/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: JAY ARTHUR TOLKOFF \_\_\_\_\_  
Location: T 6 FILLING STATION \_\_\_\_\_  
2500 E 6TH ST \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: (520)326-9500 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160383

LYDIA DIANA ESTRELLA  
ASTERIA INC  
OPA! GREEK CUISINE & FUN  
7992 S LENNOX LANE  
TUCSON AZ 85747

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100049 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/30/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: LYDIA DIANA ESTRELLA \_\_\_\_\_  
Location: OPA! GREEK CUISINE & FUN \_\_\_\_\_  
2990 N CAMPBELL AVE #130 \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)327-2841 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160384

KIMBERLY R SCANLAN  
SAGUARO SKY 2 LLC  
BAJA CAFE  
9699 E VENDELA ST  
TUCSON AZ 85748

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104432 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 7/19/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KIMBERLY R SCANLAN \_\_\_\_\_  
Location: BAJA CAFE \_\_\_\_\_  
2970 N CAMPBELL AVE \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)777-7326 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160385

AMY S NATIONS  
OSI/FLEMING'S LLC  
FLEMING'S PRIME STEAKHOUSE #1350  
P O BOX 2502  
CHANDLER AZ 85244

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104096 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 4/4/2011  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: AMY S NATIONS \_\_\_\_\_  
Location: FLEMING'S PRIME STEAKHOUSE #1350 \_\_\_\_\_  
6360 N CAMPBELL AVE \_\_\_\_\_  
TUCSON, AZ 85718 \_\_\_\_\_  
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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160386

MARIA DE JESUS MARTIN-GOURDIN  
L.I.G. 12 LLC  
WILD GARLIC GRILL  
2725 N HOPI PL  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104207 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/15/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MARIA DE JESUS MARTIN-GOURDIN \_\_\_\_\_  
Location: WILD GARLIC GRILL \_\_\_\_\_  
2530 N 1ST AVE \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)206-0017 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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**

RI160387

JARED MICHAEL REPINSKI  
MRHP MARANA INC  
HOLIDAY INN EXPRESS  
P O BOX 6252  
CHANDLER AZ 85246

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100246 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 2/19/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JARED MICHAEL REPINSKI \_\_\_\_\_  
Location: HOLIDAY INN EXPRESS \_\_\_\_\_  
8373 N CRACKER BARREL RD \_\_\_\_\_  
TUCSON, AZ 85743 \_\_\_\_\_  
Business Phone: (520)572-4777 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160388

DAN J KUGLITSCH  
BUBB'S GRUB INC  
BUBB'S GRUB  
16010 N ORACLE RD  
TUCSON AZ 85739

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103644 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 2/17/2005  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: DAN J KUGLITSCH \_\_\_\_\_  
Location: BUBB'S GRUB \_\_\_\_\_  
16010 N ORACLE RD \_\_\_\_\_  
TUCSON, AZ 85739 \_\_\_\_\_  
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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160389

JULIO SAMUEL GARCIA VALLE  
MARVALIZ LLC  
CASA VALENCIA  
1825 W VALENCIA RD  
TUCSON AZ 85746

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104259 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/8/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JULIO SAMUEL GARCIA VALLE \_\_\_\_\_  
Location: CASA VALENCIA \_\_\_\_\_  
1825 W VALENCIA RD \_\_\_\_\_  
TUCSON, AZ 85746 \_\_\_\_\_  
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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160390

KAZUO SENDA  
SENDA LIMITED LIABILITY COMPANY  
SAMURAI RESTAURANT  
3912 N ORACLE RD #100  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100103 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/6/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KAZUO SENDA \_\_\_\_\_  
Location: SAMURAI RESTAURANT \_\_\_\_\_  
3912 N ORACLE RD #100 \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)293-1963 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160391

ROBERT DEAN ZIMMERMAN  
SMITH'S FOOD & DRUG CENTERS INC  
FRY'S MARKETPLACE #689  
P O BOX 305103  
NASHVILLE TN 37230

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07106003 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/4/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ROBERT DEAN ZIMMERMAN \_\_\_\_\_  
Location: FRY'S MARKETPLACE #689 \_\_\_\_\_  
12100 N THORNYDALE RD \_\_\_\_\_  
MARANA, AZ 85742 \_\_\_\_\_  
Business Phone: (520)572-6040 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160392

WAYNE CHRISTOPHER HALLQUIST  
LA MOLINITA INC  
MOLINITOS  
3675 W INA RD  
TUCSON AZ 85741

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100214 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 5/5/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: WAYNE CHRISTOPHER HALLQUIST \_\_\_\_\_  
Location: MOLINITOS \_\_\_\_\_  
3675 W INA RD \_\_\_\_\_  
TUCSON, AZ 85741 \_\_\_\_\_  
Business Phone: (520)744-1188 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160393

ARIC KAISER MUSSMAN  
MAMA'S AMORE LLC  
VERO AMORE  
4020 N VIA DE CUERNS  
TUCSON AZ 85718

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103921 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/29/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ARIC KAISER MUSSMAN \_\_\_\_\_  
Location: VERO AMORE \_\_\_\_\_  
12130 N DOVE MOUNTAIN BLVD #104 \_\_\_\_\_  
MARANA, AZ 85653 \_\_\_\_\_  
Business Phone: (520)579-2292 \_\_\_\_\_  
% 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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160394

RAYMON CARLO FLORES  
TOMA VENTANA LLC  
EL CHARRO VENTANA  
847 E 18TH ST  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103844 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/14/2007  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: RAYMON CARLO FLORES \_\_\_\_\_  
Location: EL CHARRO VENTANA \_\_\_\_\_  
6910 E SUNRISE DR \_\_\_\_\_  
TUCSON, AZ 85750 \_\_\_\_\_  
Business Phone: (520)514-1922 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160395

RANDY D NATIONS  
FRC CD GRANT LLC  
CULINARY DROPOUT  
P O BOX 2502  
CHANDLER AZ 85244

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104442 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Inactive Status Date: 8/5/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: RANDY D NATIONS \_\_\_\_\_  
Location: CULINARY DROPOUT \_\_\_\_\_  
2543 E GRANT RD \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160396

FEI CHENG  
EAST BUFFET LLC  
EAST BUFFET  
1649 W BLUE HORIZON ST  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104332 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/24/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: FEI CHENG \_\_\_\_\_  
Location: EAST BUFFET \_\_\_\_\_  
75 W RIVER RD #141 \_\_\_\_\_  
TUCSON, AZ 85704 \_\_\_\_\_  
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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160397

CARYN SUE BUSTOS PACHUCA  
GOLDEN PINS LLC  
GOLDEN PIN LANES  
1010 W MIRACLE MILE  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100003 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/8/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: CARYN SUE BUSTOS PACHUCA \_\_\_\_\_  
Location: GOLDEN PIN LANES \_\_\_\_\_  
1010 W MIRACLE MILE \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)888-4272 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160398

CLARE HOLLIE ABEL  
BRINKER RESTAURANT CORP  
CHILI'S #563  
C/O BRINKER REST CORP  
6820 LBJ FREEWAY  
DALLAS TX 75240

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103125 Renew?  Yes  No  
Status: Active Status Date: 9/10/1997  
License Inactive?  Yes  No Changes:(may require additional Filing)  
Agent: CLARE HOLLIE ABEL \_\_\_\_\_  
Location: CHILI'S #563 \_\_\_\_\_  
5150 E BROADWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)747-3330 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
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# 12103676 Renew?  Yes  No  
Status: Active Status Date: 11/7/2005  
License Inactive?  Yes  No Changes:(may require additional Filing)  
Agent: CLARE HOLLIE ABEL \_\_\_\_\_  
Location: CHILIS GRILL & BAR #1095 \_\_\_\_\_  
1640 W VALENCIA RD \_\_\_\_\_  
TUCSON, AZ 85746 \_\_\_\_\_  
Business Phone: (520)573-1809 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
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# 12103744 Renew?  Yes  No  
Status: Active Status Date: 1/2/2007  
License Inactive?  Yes  No Changes:(may require additional Filing)  
Agent: CLARE HOLLIE ABEL \_\_\_\_\_  
Location: CHILI'S GRILL & BAR #1212 \_\_\_\_\_  
11065 N ORACLE RD \_\_\_\_\_  
TUCSON, AZ 85737 \_\_\_\_\_  
Business Phone: (520)219-5479 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
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# 12103756 Renew?  Yes  No  
Status: Active Status Date: 1/31/2007  
License Inactive?  Yes  No Changes:(may require additional Filing)  
Agent: CLARE HOLLIE ABEL \_\_\_\_\_  
Location: CHILI'S GRILL & BAR #1216 \_\_\_\_\_

5975 W ARIZONA PAVILIONS DR \_\_\_\_\_  
MARANA, AZ 85743 \_\_\_\_\_  
Business Phone: (520)572-9065 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip  
2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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**

RI160399

BARBARA ANN SHUMAN  
J E MONAHAN ENTERPRISES INC  
BUMSTED'S  
500 N 4TH AVE #11  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103616 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/10/2007  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: BARBARA ANN SHUMAN \_\_\_\_\_  
Location: BUMSTED'S \_\_\_\_\_  
500 N 4TH AVE #11 \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)622-1413 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160400

FRANK CARDON  
INTERNATIONAL RESTAURANTS INC  
LA PARRILLA SUIZA  
2720 N ORACLE RD  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12100018 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/9/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: FRANK CARDON \_\_\_\_\_  
Location: LA PARRILLA SUIZA \_\_\_\_\_  
5602 E SPEEDWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)747-4838 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
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# 12101138 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/9/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: FRANK CARDON \_\_\_\_\_  
Location: LA PARRILLA SUIZA \_\_\_\_\_  
2720 N ORACLE RD \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)624-4300 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners,

partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_  
(Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**\*Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160401

WAYNE CHRISTOPHER HALLQUIST  
NUESTRO MOLINITO INC  
MOLINITO  
2323 N PANTANO RD  
TUCSON AZ 85715

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104250 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/20/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: WAYNE CHRISTOPHER HALLQUIST \_\_\_\_\_  
Location: MOLINITO \_\_\_\_\_  
10180 N ORACLE RD \_\_\_\_\_  
ORO VALLEY, AZ 85704 \_\_\_\_\_  
Business Phone: (520)268-8180 \_\_\_\_\_  
% 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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160402

MICHAEL JOHN COTSONES  
PAPPOULIES INC  
PAPPOULES OPA RESTAURANT  
7475 N LA CHOLLA BLVD #400  
TUCSON AZ 85741

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100175 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/26/2007  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MICHAEL JOHN COTSONES \_\_\_\_\_  
Location: PAPPOULES OPA RESTAURANT \_\_\_\_\_  
7475 N LA CHOLLA BLVD #400 \_\_\_\_\_  
TUCSON, AZ 85741 \_\_\_\_\_  
Business Phone: (520)544-5551 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160403

KEVIN ARNOLD KRAMBER  
TUCSON TAMALE COMPANY  
TUCSON TAMALE COMPANY  
536 E WAGON BLUFF DR  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100055 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/5/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: TUCSON TAMALE COMPANY \_\_\_\_\_  
2545 E BROADWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: (520)305-4760 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160404

KENNETH MANUEL GALLARDO  
LA OLLA INC  
LA OLLA  
11119 E MOTES DR  
MARANA AZ 85653

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103810 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/11/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KENNETH MANUEL GALLARDO \_\_\_\_\_  
Location: LA OLLA \_\_\_\_\_  
8553 N SILVERBELL RD #102 \_\_\_\_\_  
MARANA, AZ 85737 \_\_\_\_\_  
Business Phone: (520)579-0950 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160405

DUOC LE  
SUSHI PHO RESTAURANT LLC  
FRESH SUSHI PHO  
7159 E BROADWAY BLVD  
TUCSON AZ 85710

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104431 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 6/9/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: DUOC LE \_\_\_\_\_  
Location: FRESH SUSHI PHO \_\_\_\_\_  
7159 E BROADWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85710 \_\_\_\_\_  
Business Phone: (520)500-6267 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160406

ELENA SOTELO  
ENSENADA SEAFOOD LLC  
VALENTINO'S  
999 N SWAN  
TUCSON AZ 85711

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----

License# 06100164                      Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Status: Active                              Status Date: 8/6/2013  
 License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No                      Changes:(may require additional Filing)  
 Agent: ELENA SOTELO \_\_\_\_\_  
 Location: VALENTINO'S \_\_\_\_\_  
           4696 S 12TH AVE \_\_\_\_\_  
           TUCSON, AZ 85714 \_\_\_\_\_  
 Business Phone: (520)881-2372 \_\_\_\_\_

Renewal Fees:

License Renewal:	150.00
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# 12103503                      Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Status: Active                              Status Date: 10/11/2011  
 License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No                      Changes:(may require additional Filing)  
 Agent: ELENA SOTELO \_\_\_\_\_  
 Location: MARISCOS CHIHUAHUA \_\_\_\_\_  
           999 N SWAN RD \_\_\_\_\_  
           TUCSON, AZ 85711 \_\_\_\_\_  
 Business Phone: (520)881-2372 \_\_\_\_\_  
 % Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?     No     Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
 Name    Street    City    County    Zip

2) \_\_\_\_\_  
 Name    Street    City    County    Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_  
(Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**\*Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160407

SCOTT BLAKE RHEINGOLD  
FREE US LLC  
TWO GIRLS PIZZERIA  
1570 W DUVAL MINE RD #100  
GREEN VALLEY AZ 85614

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104008 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/19/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: SCOTT BLAKE RHEINGOLD \_\_\_\_\_  
Location: TWO GIRLS PIZZERIA \_\_\_\_\_  
1570 W DUVAL MINE RD #100 \_\_\_\_\_  
GREEN VALLEY, AZ 85614 \_\_\_\_\_  
Business Phone: (520)625-7499 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160408

KEVIN ARNOLD KRAMBER  
HSL EL CONQUISTADOR LLC  
ORO VALLEY COMMUNITY & RECREATION CENTER  
536 E WAGON BLUFF DR  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100138 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Inactive Status Date: 9/14/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: ORO VALLEY COMMUNITY & RECREATION CENTER \_\_\_\_\_  
10555 N LA CANADA DR \_\_\_\_\_  
ORO VALLEY, AZ 85737 \_\_\_\_\_  
Business Phone: (520)544-1900 \_\_\_\_\_

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

-----  
License# 11103088 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 3/27/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: HILTON TUCSON EL CONQUISTADOR GOLF & TENNIS RESORT \_\_\_\_\_  
10000 N ORACLE RD \_\_\_\_\_  
ORO VALLEY, AZ 85704-7644 \_\_\_\_\_  
Business Phone: (520)544-5000 \_\_\_\_\_  
% 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**

RI160409

RAYMON CARLO FLORES  
1922 PARTNERS LLC  
CHARRO STEAK  
847 E 18 ST  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100219 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 5/2/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: RAYMON CARLO FLORES \_\_\_\_\_  
Location: CHARRO STEAK \_\_\_\_\_  
186 & 188 E BROADWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)485-1922 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160410

KURT WILLIAM VEITCH  
STINKY PHEASANT INC  
KAPPY'S BAR & SANDWICH PLACE  
2617 E EXETER ST  
TUCSON AZ 85716

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100223 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/8/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KURT WILLIAM VEITCH \_\_\_\_\_  
Location: KAPPY'S BAR & SANDWICH PLACE \_\_\_\_\_  
2190 N WILMOT RD \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)296-9500 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160411

ALLAN JAMES CONGER  
1912 BREWING COMPANY LLC  
1912 BREWING COMPANY  
2045 N FORBES BLVD STE 105  
TUCSON AZ 85745

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100079 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 6/3/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ALLAN JAMES CONGER \_\_\_\_\_  
Location: 1912 BREWING COMPANY \_\_\_\_\_  
2045 N FORBES BLVD STE #105 \_\_\_\_\_  
TUCSON, AZ 85745 \_\_\_\_\_  
Business Phone: (520)256-4851 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160412

MARK HAROLD JORBIN  
CARTE BLANCHE CATERING LLC  
CAFE A LA C'ART  
P O BOX 31926  
TUCSON AZ 85751

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104149 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 2/23/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MARK HAROLD JORBIN \_\_\_\_\_  
Location: CAFE A LA C'ART \_\_\_\_\_  
150 N MAIN AVE \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)628-8533 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160413

BRIAN GERARD BOUFFARD  
P'NOSH DELI & CATERING CO INC  
OLD FATHER INN  
4080 W INA RD  
TUCSON AZ 85741

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100185 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 9/22/2000  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: BRIAN GERARD BOUFFARD \_\_\_\_\_  
Location: OLD FATHER INN \_\_\_\_\_  
4080 W INA RD \_\_\_\_\_  
TUCSON, AZ 85741 \_\_\_\_\_  
Business Phone: (520)744-1200 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160414

GREGORY TODD HANSEN  
19TH HOLE BAR & GRILLE LLC  
19TH HOLE BAR & GRILLE  
111 S LA CANADA DR  
GREEN VALLEY AZ 85614

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 11103075 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/29/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: GREGORY TODD HANSEN \_\_\_\_\_  
Location: 19TH HOLE BAR & GRILLE \_\_\_\_\_  
111 S LA CANADA DR \_\_\_\_\_  
GREEN VALLEY, AZ 85614 \_\_\_\_\_  
Business Phone: (520)399-4653 \_\_\_\_\_  
% 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 \_\_\_\_\_ 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**

RI160415

MARTIN RAMIREZ GOMEZ  
LOGO INC  
EL PATIO  
100 W DUVAL MINE RD #180  
GREEN VALLEY AZ 85614

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103809 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/19/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MARTIN RAMIREZ GOMEZ \_\_\_\_\_  
Location: EL PATIO \_\_\_\_\_  
100 W DUVAL MINE RD #180 \_\_\_\_\_  
SAHUARITA, AZ 85629 \_\_\_\_\_  
Business Phone: (520)625-2111 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip  
2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160416

DAVID JAMES CAMPBELL  
KEG RESTAURANTS ARIZONA INC  
KEG RESTAURANT & BAR  
5400 LBJ FREEWAY STE 1325  
C/O ADDISON LAW FIRM  
DALLAS TX 75240

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104060 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/22/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: DAVID JAMES CAMPBELL \_\_\_\_\_  
Location: KEG RESTAURANT & BAR \_\_\_\_\_  
12005 N ORACLE RD \_\_\_\_\_  
ORO VALLEY, AZ 85737 \_\_\_\_\_  
Business Phone: (520)219-9500 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160417

NILANGBHAI N SHAH  
JAN TUCSON VENTURES LLC  
BEST WESTERN ROYAL SUN  
1015 N STONE AVE  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103877 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 5/12/2008  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: NILANGBHAI N SHAH \_\_\_\_\_  
Location: BEST WESTERN ROYAL SUN \_\_\_\_\_  
1003 N STONE AVE \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)622-8871 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160418

BAO QUOC MA  
SOUTHWEST ASIAN CUISINE LLC  
MISS SAIGON  
13926 E SAGE HILLS DR  
VAIL AZ 85641

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104261 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 2/20/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: BAO QUOC MA \_\_\_\_\_  
Location: MISS SAIGON \_\_\_\_\_  
47 N 6TH AVE \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)884-4778 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160419

VINCENT EDWARD MAST  
ROADHOUSE CROSSROADS LLC  
ROADHOUSE CINEMA  
4811 E GRANT RD #150  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104275 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 9/18/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: VINCENT EDWARD MAST \_\_\_\_\_  
Location: ROADHOUSE CINEMA \_\_\_\_\_  
4811 E GRANT ROAD #150 \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)209-2728 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160420

DANIEL FRANCIS BRADY  
DAISY MAE'S STEAKHOUSE  
2735 W ANKLAM  
TUCSON AZ 85745

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A** must be completed even if there are no changes. Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12100094 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/1/1999  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: \_\_\_\_\_  
Location: DAISY MAE'S STEAKHOUSE \_\_\_\_\_  
2735 W ANKLAM RD \_\_\_\_\_  
TUCSON, AZ 85745 \_\_\_\_\_  
Business Phone: (520)792-8888 \_\_\_\_\_  
% 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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160421

DENNIS MICHAEL ROMANO  
PRACTICE TEE LLC  
PRACTICE TEE  
4050 W COSTCO PL  
MARANA AZ 85741

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100219 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/5/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: DENNIS MICHAEL ROMANO \_\_\_\_\_  
Location: PRACTICE TEE \_\_\_\_\_  
4050 W COSTCO PL \_\_\_\_\_  
TUCSON, AZ 85741 \_\_\_\_\_  
Business Phone: (520)544-2600 \_\_\_\_\_

Renewal Fees:  
License Renewal: 75.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 35.00  
Total: 175.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_ 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**

RI160422

MICHAEL JOSEPH BASHA  
BASHAS INC  
AJ'S #122  
P O BOX 488  
CHANDLER AZ 85244

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07103001 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 5/4/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MICHAEL JOSEPH BASHA \_\_\_\_\_  
Location: AJ'S #122 \_\_\_\_\_  
2805 E SKYLINE DR \_\_\_\_\_  
TUCSON, AZ 85718 \_\_\_\_\_  
Business Phone: (520)232-6340 \_\_\_\_\_

Renewal Fees:  
License Renewal: 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 \_\_\_\_\_ 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**

RI160423

CAROLE LYNN SPENCER  
CIRCLE S SALOON LLC  
CIRCLE S SALOON  
16021 W EL TIRO RD  
MARANA AZ 85653

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100077 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 5/10/1990  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: CAROLE LYNN SPENCER \_\_\_\_\_  
Location: CIRCLE S SALOON \_\_\_\_\_  
16021 W EL TIRO RD \_\_\_\_\_  
MARANA, AZ 85638 \_\_\_\_\_  
Business Phone: (520)682-5377 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160424

FRANK RODRIGUEZ  
RED ROCK RESORTS INC  
LODGE ON THE DESERT  
306 N ALVERNON WAY  
TUCSON AZ 85711

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100140 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/6/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: FRANK RODRIGUEZ \_\_\_\_\_  
Location: LODGE ON THE DESERT \_\_\_\_\_  
306 N ALVERNON WAY \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)320-2000 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 35.00  
Total: 250.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_ 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**

RI160425

KEVIN ARNOLD KRAMBER  
CREATIVE JUICE INC  
CREATIVE JUICE  
536 E WAGN BLUFF DR  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100244 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 5/17/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: CREATIVE JUICE \_\_\_\_\_  
6530 E TANQUE VERDE RD #160 \_\_\_\_\_  
TUCSON, AZ 85715 \_\_\_\_\_  
Business Phone: \_\_\_\_\_

Renewal Fees:  
License Renewal: 75.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 35.00  
Total: 175.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_ 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**

RI160426

CHUN YOUNG KIM  
SUSHI GARDEN NORTH LLC  
SUSHI GARDEN  
7401 N LA CHOLLA STE 312  
TUCSON AZ 85741

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103836 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 12/11/2007  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: CHUN YOUNG KIM \_\_\_\_\_  
Location: SUSHI GARDEN \_\_\_\_\_  
7401 N LA CHOLLA STE 312 \_\_\_\_\_  
TUCSON, AZ 85741 \_\_\_\_\_  
Business Phone: (520)877-8744 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160427

RAFAELA OFELIA GONZALEZ  
CROSSROADS RESTAURANT & DRIVE INN INC  
CROSSROADS RESTAURANT & DRIVE INN  
2602 S 4TH AVE  
SOUTH TUCSON AZ 85713

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100058 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/2/1998  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: RAFAELA OFELIA GONZALEZ \_\_\_\_\_  
Location: CROSSROADS RESTAURANT & DRIVE INN \_\_\_\_\_  
2602 S 4TH AVE \_\_\_\_\_  
SOUTH TUCSON, AZ 85713 \_\_\_\_\_  
Business Phone: (520)624-0395 \_\_\_\_\_

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# 12100056 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/2/1998  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: RAFAELA OFELIA GONZALEZ \_\_\_\_\_  
Location: CROSSROADS RESTAURANT & DRIVE INN \_\_\_\_\_  
2602 S 4TH AVE \_\_\_\_\_  
SOUTH TUCSON, AZ 85713 \_\_\_\_\_  
Business Phone: (520)624-0395 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_  
(Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**\*Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160428

ROBERT BRIAN MC MAHON  
FM GOLF HOLDINGS LLC  
GOLF CLUB AT TORRES BLANCAS  
4644 E FT LOWELL RD  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100107 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/7/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ROBERT BRIAN MC MAHON \_\_\_\_\_  
Location: GOLF CLUB AT TORRES BLANCAS \_\_\_\_\_  
3233 S ABREGO DR \_\_\_\_\_  
GREEN VALLEY, AZ 85614 \_\_\_\_\_  
Business Phone: (520)625-5200 \_\_\_\_\_

Renewal Fees:  
License Renewal: 75.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 35.00  
Total: 175.00

-----  
License# 12103896 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/5/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ROBERT BRIAN MC MAHON \_\_\_\_\_  
Location: GOLF CLUB AT TORRES BLANCAS \_\_\_\_\_  
3233 S ABREGO DR \_\_\_\_\_  
GREEN VALLEY, AZ 85614 \_\_\_\_\_  
Business Phone: (520)625-5200 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_  
(Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**\*Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160429

TANYA ELISABETH SHERWOOD  
MARGARITA BAY INC  
MARGARITA BAY BAR & RESTAURANT  
7415-7417 E 22ND ST  
TUCSON AZ 85710

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100107 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/15/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: TANYA ELISABETH SHERWOOD \_\_\_\_\_  
Location: MARGARITA BAY BAR & RESTAURANT \_\_\_\_\_  
7415-7417 E 22ND ST \_\_\_\_\_  
TUCSON, AZ 85710 \_\_\_\_\_  
Business Phone: (520)290-8977 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160430

RANDY D NATIONS  
WADSWORTH OLD CHICAGO INC  
OLD CHICAGO  
P O BOX 2502  
CHANDLER AZ 85244

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103121 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 4/22/1997  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: RANDY D NATIONS \_\_\_\_\_  
Location: OLD CHICAGO \_\_\_\_\_  
2960 N CAMPBELL AVE \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)327-6200 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160431

JOSE NARCISO QUIROZ-MIRANDA  
R J & J LLC  
ROOSTER INN  
PO BOX 11885  
TUCSON AZ 85734

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100091 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/13/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JOSE NARCISO QUIROZ-MIRANDA \_\_\_\_\_  
Location: ROOSTER INN \_\_\_\_\_  
5122 S NOGALES HWY \_\_\_\_\_  
TUCSON, AZ 85706 \_\_\_\_\_  
Business Phone: (520)741-7234 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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# 06100240 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/13/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JOSE NARCISO QUIROZ-MIRANDA \_\_\_\_\_  
Location: BO JANGLES \_\_\_\_\_  
5244 S NOGALES HWY \_\_\_\_\_  
TUCSON, AZ 85706 \_\_\_\_\_  
Business Phone: (520)889-6161 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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**

RI160432

IRIS CHIEKO DELFAKIS  
ATHENS ON FOURTH AVENUE LLC  
ATHENS ON 4TH AVENUE  
500 N 4TH AVE #6  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104076 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/29/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: IRIS CHIEKO DELFAKIS \_\_\_\_\_  
Location: ATHENS ON 4TH AVENUE \_\_\_\_\_  
500 N 4TH AVE #6 \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)624-6886 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160433

RANDY D NATIONS  
LAST CALL OPERATING CO I INC  
FOX & HOUND SMOKEHOUSE & TAVERN  
1551 N WATERFRONT PKWY  
ATTN LICENSING  
WICHITA KS 67206

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100068 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 8/26/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: RANDY D NATIONS \_\_\_\_\_  
Location: FOX & HOUND SMOKEHOUSE & TAVERN \_\_\_\_\_  
7625 N LA CHOLLA BLVD \_\_\_\_\_  
TUCSON, AZ 85741 \_\_\_\_\_  
Business Phone: (520)575-1980 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160434

LENNY GIN MARK  
BAMBOO TERRACE ENTERPRISES LLC  
BAMBOO TERRACE RESTAURANT  
1754 W AJO WAY  
TUCSON AZ 85713

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100162 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 2/22/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: LENNY GIN MARK \_\_\_\_\_  
Location: BAMBOO TERRACE RESTAURANT \_\_\_\_\_  
1754 W AJO WAY \_\_\_\_\_  
TUCSON, AZ 85713 \_\_\_\_\_  
Business Phone: (520)889-2563 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160435

KEVIN ARNOLD KRAMBER  
SAPPHIRE LOUNGE LLC  
H2O  
536 E WAGON BLUFF DR  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100005 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/7/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: H2O \_\_\_\_\_  
61 E CONGRESS ST \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)903-0911 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160436

DOUGLAS ROBERT JOHNSON  
BBC ENTERTAINMENT LLC  
BEDROXX  
13960 N SONORAN LINKS CT  
MARANA AZ 85658

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100029 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/23/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: DOUGLAS ROBERT JOHNSON \_\_\_\_\_  
Location: BEDROXX \_\_\_\_\_  
4385 W INA RD \_\_\_\_\_  
TUCSON, AZ 85741 \_\_\_\_\_  
Business Phone: (520)744-7655 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary



**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160437

STEVEN ALEX DUNN  
Z DUNN ENTERPRISES LLLP  
PARISH  
7358 N LA CHOLLA BLVD #106  
TUCSON AZ 85741

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104140 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/3/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: STEVEN ALEX DUNN \_\_\_\_\_  
Location: PARISH \_\_\_\_\_  
6453 N ORACLE RD \_\_\_\_\_  
TUCSON, AZ 85704 \_\_\_\_\_  
Business Phone: (520)797-1233 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160438

SCOTT ROBERT KILPATRICK  
SAUCE (TUCSON-GRANT) LLC  
SAUCE PIZZA & WINE  
7144 E STETSON DR #420  
SCOTTSDALE AZ 85251

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104419 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 5/23/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: SCOTT ROBERT KILPATRICK \_\_\_\_\_  
Location: SAUCE PIZZA & WINE \_\_\_\_\_  
6450 E GRANT RD \_\_\_\_\_  
TUCSON, AZ 85715 \_\_\_\_\_  
Business Phone: (520)203-0681 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160439

HECTOR C YANEZ  
MI CABANA  
4317 S 6TH AVE  
TUCSON AZ 85714

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12101146 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/18/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: \_\_\_\_\_  
Location: MI CABANA \_\_\_\_\_  
4317 S 6TH AVE \_\_\_\_\_  
TUCSON, AZ 85714 \_\_\_\_\_  
Business Phone: (520)889-2020 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160440

PAMELA A SANTANGELO  
SHELTER YOURSELF! INC  
SHELTER  
3145 E WAVERLY ST  
TUCSON AZ 85716

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100217 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 2/4/1999  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: PAMELA A SANTANGELO \_\_\_\_\_  
Location: SHELTER \_\_\_\_\_  
4155 E GRANT RD \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)326-1345 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160441

HELIO CERVANTES  
LOS AGAVES RESTAURANT  
1451 S LA CANADA  
GREEN VALLEY AZ 85614

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103967 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 8/27/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: \_\_\_\_\_  
Location: LOS AGAVES RESTAURANT \_\_\_\_\_  
1451 S LA CANADA \_\_\_\_\_  
GREEN VALLEY, AZ 85614 \_\_\_\_\_  
Business Phone: (520)625-2336 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160442

ARI SHAPIRO  
FALORA LLC  
FALORA  
5120 E LEE ST  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104199 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/30/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ARI SHAPIRO \_\_\_\_\_  
Location: FALORA \_\_\_\_\_  
3000 E BROADWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: (520)325-9988 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160443

LISHA LOUISE SMITH  
SD BARS LLC  
BUFFET BAR  
538 E 9TH ST  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100011 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/6/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: LISHA LOUISE SMITH \_\_\_\_\_  
Location: BUFFET BAR \_\_\_\_\_  
538 E 9TH ST \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)623-6811 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160444

KERSTIN GUNILLA BLOCK  
MATMOR LLC  
COYOTE PAUSE CAFE  
PO BOX 41925  
TUCSON AZ 85717

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103920 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/19/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KERSTIN GUNILLA BLOCK \_\_\_\_\_  
Location: COYOTE PAUSE CAFE \_\_\_\_\_  
2740 S KINNEY RD \_\_\_\_\_  
TUCSON, AZ 85746 \_\_\_\_\_  
Business Phone: (520)622-2711 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160445

DANIEL YUNXIU LU  
NEW TOWN BUFFET MARANA LLC  
NEW TOWN BUFFET  
5101 N ORACLE RD  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103987 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/10/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: DANIEL YUNXIU LU \_\_\_\_\_  
Location: NEW TOWN BUFFET \_\_\_\_\_  
8500 N CRACKER BARREL RD \_\_\_\_\_  
MARANA, AZ 85743 \_\_\_\_\_  
Business Phone: (520)572-7888 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160446

KEVIN ARNOLD KRAMBER  
LEWIS FIELDS ENTERPRISES LLC  
INCA'S PERUVIAN CUISINE  
536 E WAGON BLUFF DR  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104006 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/24/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: INCA'S PERUVIAN CUISINE \_\_\_\_\_  
6878 E SUNRISE DR #130 \_\_\_\_\_  
TUCSON, AZ 85750 \_\_\_\_\_  
Business Phone: (520)299-1405 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160447

JOSEPH MICHAEL SCORDATO  
CVR HOLDINGS LLC  
GUISEPPE'S  
6060 N ORACLE RD  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104024 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/15/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JOSEPH MICHAEL SCORDATO \_\_\_\_\_  
Location: GUISEPPE'S \_\_\_\_\_  
6060 N ORACLE RD \_\_\_\_\_  
TUCSON, AZ 85704 \_\_\_\_\_  
Business Phone: (520)505-4187 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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**

RI160448

RANDY D NATIONS  
OUTBACK STEAKHOUSE OF FLORIDA LLC  
OUTBACK STEAKHOUSE #0312  
P O BOX 2502  
CHANDLER AZ 85244

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104088 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 3/7/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: RANDY D NATIONS \_\_\_\_\_  
Location: OUTBACK STEAKHOUSE #0312 \_\_\_\_\_  
4871 E GRANT RD \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)323-8892 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
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# 12104089 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 3/8/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: RANDY D NATIONS \_\_\_\_\_  
Location: OUTBACK #0315 \_\_\_\_\_  
2240 W INA RD \_\_\_\_\_  
TUCSON, AZ 85741 \_\_\_\_\_  
Business Phone: (520)531-1231 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners,

partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_  
(Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**\*Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160449

KEVIN ARNOLD KRAMBER  
AULD DUBLINER-TUCSON LLC  
AULD DUBLINER  
536 E WAGON BLUFF DR  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100176 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/14/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: AULD DUBLINER \_\_\_\_\_  
800 E UNIVERSITY BLVD #104 \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)206-0323 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160450

HOLLIS GERARD ANDERSON  
TRICKLE DOWN LLC  
MEET RACK  
210 W DRACHMAN  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100206 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/28/1998  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: HOLLIS GERARD ANDERSON \_\_\_\_\_  
Location: MEET RACK \_\_\_\_\_  
210 W DRACHMAN \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)792-0455 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160451

STEVE A MIKLOSI  
BREAKERS 95 LLC  
BREAKERS 95  
8555 N TANGERINE RD  
MARANA AZ 85653

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100238 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/6/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: STEVE A MIKLOSI \_\_\_\_\_  
Location: BREAKERS 95 \_\_\_\_\_  
8555 N TANGERINE RD \_\_\_\_\_  
MARANA, AZ 85653 \_\_\_\_\_  
Business Phone: (520)682-2304 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160452

AMY S NATIONS  
RA SUSHI TUCSON CORP  
RA SUSHI  
P O BOX 2502  
CHANDLER AZ 85244

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103552 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/6/2003  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: AMY S NATIONS \_\_\_\_\_  
Location: RA SUSHI \_\_\_\_\_  
2905 E SKYLINE DR #289 \_\_\_\_\_  
TUCSON, AZ 85718 \_\_\_\_\_  
Business Phone: (520)615-3970 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160453

JOHN JAY HEALY  
CHELSEA ENTERTAINMENT LTD  
COW PONY BAR  
6510 E TANQUE VERDE RD  
TUCSON AZ 85715

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100055 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/3/2006  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JOHN JAY HEALY \_\_\_\_\_  
Location: COW PONY BAR \_\_\_\_\_  
6510 E TANQUE VERDE RD \_\_\_\_\_  
TUCSON, AZ 85715 \_\_\_\_\_  
Business Phone: (520)721-2781 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160454

EDWARD JOHN KEYLOCKO  
COWTOWN KEYLOCKO  
12230 S COLEMAN RD  
TUCSON AZ 85735

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100150 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 3/10/1997  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: \_\_\_\_\_  
Location: COWTOWN KEYLOCKO \_\_\_\_\_  
W ON HWY 86 MP 142 COLEMAN RD \_\_\_\_\_  
KEYLOCKO, AZ 85735 \_\_\_\_\_  
Business Phone: (520)429-5778 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160455

AMONWADEE BUIZER  
BUIZER INC  
SENAE THAI BISTRO  
1305 E MOONRIDGE RD  
TUCSON AZ 85718

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104420 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 4/27/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: AMONWADEE BUIZER \_\_\_\_\_  
Location: SENAE THAI BISTRO \_\_\_\_\_  
63 E CONGRESS ST #121 \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)373-5335 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

- 1) \_\_\_\_\_  
Name Street City County Zip
- 2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160456

GARRETT JOHN RAETZMAN  
RAETZ ENT INC  
FROG & FIRKIN  
5465 W SWEETWATER DR  
TUCSON AZ 85745

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103399 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 6/15/2001  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: GARRETT JOHN RAETZMAN \_\_\_\_\_  
Location: FROG & FIRKIN \_\_\_\_\_  
874 E UNIVERSITY BLVD \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)623-7507 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160457

ERNEST MANUEL AGUIRRE  
OLE MEXICAN GRILL LLC  
OLE MEXICAN GRILL  
1955 W ZARRAGOZA DR  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103463 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/2/2002  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ERNEST MANUEL AGUIRRE \_\_\_\_\_  
Location: OLE MEXICAN GRILL \_\_\_\_\_  
2080 W ORANGE GROVE #4 \_\_\_\_\_  
TUCSON, AZ 85704 \_\_\_\_\_  
Business Phone: (520)219-7215 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160458

MARK FONTANA  
FONTANA PROPERTIES LLC  
NYPD NEW YORK PIZZA DEPARTMENT  
1521 N WILMOT RD  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104215 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 3/19/2013  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: MARK FONTANA \_\_\_\_\_  
Location: NYPD NEW YORK PIZZA DEPARTMENT \_\_\_\_\_  
1521 N WILMOT RD \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)207-7667 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160459

SUSAN E COMPTON  
RUSTY NAIL TAVERN INC  
RUSTY NAIL TAVERN  
4415 N FLOWING WELLS RD  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100233 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/6/1989  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: SUSAN E COMPTON \_\_\_\_\_  
Location: RUSTY NAIL TAVERN \_\_\_\_\_  
4415 N FLOWING WELLS RD \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)888-5630 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160460

MATTHEW RYAN SERVENTI  
INNOVATIVE CONCEPTS EMPIRE LLC  
FUKU SUSHI & TEPPAN  
940 E UNIVERSITY BLVD  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104331 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/26/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MATTHEW RYAN SERVENTI \_\_\_\_\_  
Location: FUKU SUSHI & TEPPAN \_\_\_\_\_  
940 E UNIVERSITY BLVD \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)798-3858 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160461

REBECCA RAMEY  
FAT CHANCE INC  
BLUE WILLOW RESTAURANT  
2616 N CAMPBELL AVE  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100227 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/1/2004  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: REBECCA RAMEY \_\_\_\_\_  
Location: BLUE WILLOW RESTAURANT \_\_\_\_\_  
2616 N CAMPBELL AVE \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)327-7577 \_\_\_\_\_

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# 12104382 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/16/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: REBECCA RAMEY \_\_\_\_\_  
Location: BLUE WILLOW RESTAURANT \_\_\_\_\_  
2616 N CAMPBELL AVE \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)327-7577 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_  
(Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**\*Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160462

AMY ELISE SILBERSCHLAG  
CARTEL BROADWAY BLVD LLC  
CARTEL  
225 W UNIVERSITY DR #110  
TEMPE AZ 85280

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104260 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/16/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: AMY ELISE SILBERSCHLAG \_\_\_\_\_  
Location: CARTEL \_\_\_\_\_  
210 E BROADWAY BLVD #103 \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (480)201-6218 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160463

PAUL CHUCK GEE  
SUNRISE PALACE INC  
GMG CHINESE BISTRO  
7378 W SHINING AMBER LN  
TUCSON AZ 85743

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104217 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 3/11/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: PAUL CHUCK GEE \_\_\_\_\_  
Location: GMG CHINESE BISTRO \_\_\_\_\_  
10370 N LA CANADA DR #190 \_\_\_\_\_  
ORO VALLEY, AZ 85745 \_\_\_\_\_  
Business Phone: (520)797-8383 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160464

MARIA S GARCIA  
LA INDITA  
622 N 4TH AVE  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100789 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/7/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: \_\_\_\_\_  
Location: LA INDITA \_\_\_\_\_  
622 N 4TH AVE \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)792-0523 \_\_\_\_\_

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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary



**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160465

MARCOS DIEGO ORTIZ  
GAMEDAY GRILL LLC  
WINGS OVER BROADWAY  
5004 E BROADWAY  
TUCSON AZ 85711

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----

License# 07100021 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Status: Active Status Date: 10/15/2010  
 License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
 Agent: MARCOS DIEGO ORTIZ \_\_\_\_\_  
 Location: WINGS OVER BROADWAY \_\_\_\_\_  
 5004 E BROADWAY \_\_\_\_\_  
 TUCSON, AZ 85711 \_\_\_\_\_  
 Business Phone: (520)323-8805 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160466

RAYMOND ARGENZIANO  
ARGENZIANOS LLC  
ARGENZIANOS  
16251 S HOUGHTON RD  
VAIL AZ 85641

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103500 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 4/8/2003  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: RAYMOND ARGENZIANO \_\_\_\_\_  
Location: ARGENZIANOS \_\_\_\_\_  
16251 S HOUGHTON \_\_\_\_\_  
VAIL, AZ 85641 \_\_\_\_\_  
Business Phone: (520)762-5999 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160467

PANAGIOTIS LEMBESSIS  
LEMBESSIS INC  
PAPPY'S DINER  
1300 W PRINCE RD  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103998 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 2/8/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: PANAGIOTIS LEMBESSIS \_\_\_\_\_  
Location: PAPPY'S DINER \_\_\_\_\_  
1300 WEST PRINCE RD \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)408-5262 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160468

RANDY D NATIONS  
BISTRO ZIN LLC  
ZINBURGER  
P O BOX 2502  
CHANDLER AZ 85224

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103314 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/5/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: RANDY D NATIONS \_\_\_\_\_  
Location: ZINBURGER \_\_\_\_\_  
1865 E RIVER RD \_\_\_\_\_  
TUCSON, AZ 85718 \_\_\_\_\_  
Business Phone: (520)299-7799 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160469

ELENA SOTELO  
GAVA GROUP LLC  
MARISCOS CHIHUAHUA #8  
435 W IRVINGTON RD  
TUCSON AZ 85714

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104026 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 9/13/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: ELENA SOTELO \_\_\_\_\_  
Location: MARISCOS CHIHUAHUA #8 \_\_\_\_\_  
435 W IRVINGTON RD \_\_\_\_\_  
TUCSON, AZ 85714 \_\_\_\_\_  
Business Phone: (520)294-3194 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160470

WILLIAM ROBERT BLODGETT  
MARRIOTT HOTEL SERVICES INC  
J W MARRIOTT STAR PASS RESORT & SPA  
C/O FLAHERTY & O'HARA, PC  
610 SMITHFIELD ST STE 300  
PITTSBURGH PA 15222

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 11103045 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/10/2004  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: WILLIAM ROBERT BLODGETT \_\_\_\_\_  
Location: J W MARRIOTT STAR PASS RESORT & SPA \_\_\_\_\_  
3800 STAR PASS BOULEVARD \_\_\_\_\_  
TUCSON, AZ 85745 \_\_\_\_\_  
Business Phone: (520)792-3500 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 555.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

- 1) \_\_\_\_\_  
Name Street City County Zip
- 2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary



**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160471

ALEJANDRO MARTIN FRANCO  
A & G FAMILY CORPORATION  
MICHA'S RESTAURANT  
2908 S 4TH AVE  
TUCSON AZ 85713

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103944 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 6/23/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ALEJANDRO MARTIN FRANCO \_\_\_\_\_  
Location: MICHA'S RESTAURANT \_\_\_\_\_  
2908 S 4TH AVE \_\_\_\_\_  
SOUTH TUCSON, AZ 85713 \_\_\_\_\_  
Business Phone: (520)623-5307 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160472

DENNIS JOSEPH ARNOLD  
FIREHOUSE BREWING CO INC  
GENTLE BEN'S BREWING CO  
865 E UNIVERSITY BLVD  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100125 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/13/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: DENNIS JOSEPH ARNOLD \_\_\_\_\_  
Location: GENTLE BEN'S BREWING CO \_\_\_\_\_  
865 E UNIVERSITY BLVD \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)624-4177 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160473

CHRISTOPHER DAVID ASHCRAFT  
COMMUNITY PERFORMING ARTS CENTER FOUNDATION INC  
COMMUNITY PERFORMING ARTS CENTER  
PO BOX 1301  
GREEN VALLEY AZ 85622

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07106004 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/17/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: CHRISTOPHER DAVID ASHCRAFT \_\_\_\_\_  
Location: COMMUNITY PERFORMING ARTS CENTER \_\_\_\_\_  
1250 W CONTINENTAL RD \_\_\_\_\_  
GREEN VALLEY, AZ 85622 \_\_\_\_\_  
Business Phone: (520)399-1750 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160474

LISA LOUISE SHAPOURI  
HARVEST OV LLC  
HARVEST RESTAURANT  
10355 N LA CANADA DR #141  
ORO VALLEY AZ 85737

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104151 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/23/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: LISA LOUISE SHAPOURI \_\_\_\_\_  
Location: HARVEST RESTAURANT \_\_\_\_\_  
10355 N LA CANADA DR #141 \_\_\_\_\_  
ORO VALLEY, AZ 85737 \_\_\_\_\_  
Business Phone: (520)731-1100 \_\_\_\_\_  
% 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 \_\_\_\_\_ 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**

RI160475

THOMAS ROBERT PARTRIDGE  
BISON WITCHES INC  
BISON WITCHES BAR & DELI  
326 N 4TH AVE  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12101286 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/21/1994  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT PARTRIDGE \_\_\_\_\_  
Location: BISON WITCHES BAR & DELI \_\_\_\_\_  
326 N 4TH AVE \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)740-1541 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160476

ALLAN W CARLSON  
HILLS SALOON INC  
J & V'S ROCKABILLY GRILL  
3700 N ORACLE RD #C  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100178 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/10/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ALLAN W CARLSON \_\_\_\_\_  
Location: J & V'S ROCKABILLY GRILL \_\_\_\_\_  
3700 N ORACLE RD #C \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)888-1900 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160477

FELIPE BOURS VALENZUELA  
GRUPO SABOR LLC  
ZIVAZ MEXICAN BISTRO  
5633 E GRANT RD  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103673 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/6/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: FELIPE BOURS VALENZUELA \_\_\_\_\_  
Location: ZIVAZ MEXICAN BISTRO \_\_\_\_\_  
4590 E BROADWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)721-7964 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160478

THOMAS ROBERT AGUILERA  
MULLIGAN'S SPORTS GRILL INC  
MULLIGAN'S SPORTS GRILL  
4554 E CAMP LOWELL  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103973 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/7/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: MULLIGAN'S SPORTS GRILL \_\_\_\_\_  
9403 E GOLF LINKS RD \_\_\_\_\_  
TUCSON, AZ 85730 \_\_\_\_\_  
Business Phone: (520)733-5661 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip  
2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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**

RI160479

MARY ELENA CORONADO  
EL CORONADO FAMILY RESTAURANT LLC  
EL CORONADO FAMILY RESTAURANT  
9040 E VALENCIA RD STE 100  
TUCSON AZ 85747

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104040 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/6/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MARY ELENA CORONADO \_\_\_\_\_  
Location: EL CORONADO FAMILY RESTAURANT \_\_\_\_\_  
9040 E VALENCIA STE 100 \_\_\_\_\_  
TUCSON, AZ 85747 \_\_\_\_\_  
Business Phone: (520)574-7776 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160480

CATHY MICHELLE ROBERTS  
ALA BUZZ CAFE LLC  
ALL THE BUZZ CAFE  
12985 N ORACLE RD STE #165  
TUCSON AZ 85739

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104340 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/26/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: CATHY MICHELLE ROBERTS \_\_\_\_\_  
Location: ALL THE BUZZ CAFE \_\_\_\_\_  
12985 N ORACLE RD STE #165 \_\_\_\_\_  
TUCSON, AZ 85739 \_\_\_\_\_  
Business Phone: (520)825-2058 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160481

GARY C SUSKIND  
GCS RESTAURANTS INC  
FAMOUS SAM'S VI  
5250 N HACIENDA DEL SOL  
TUCSON AZ 85718

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12101120 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/6/2008  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: GARY C SUSKIND \_\_\_\_\_  
Location: FAMOUS SAM'S VI \_\_\_\_\_  
3933 E PIMA RD #101 \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)323-1880 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160482

RICHARD J CHAPIN  
TANQUE VERDE ENTERPRISES INC  
TANQUE VERDE SWAP MEET  
2919 E BROADWAY BLVD STE 205  
TUCSON AZ 85716

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07101003 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 9/29/1988  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: RICHARD J CHAPIN \_\_\_\_\_  
Location: TANQUE VERDE SWAP MEET \_\_\_\_\_  
4100 S PALO VERDE RD \_\_\_\_\_  
TUCSON, AZ 85714 \_\_\_\_\_  
Business Phone: (520)294-4252 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160483

SCOTT ALLAN BUSSE  
RUMURS LLC  
TERRITORIAL  
3727 S PALO VERDE RD  
TUCSON AZ 85713

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100228 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/19/2006  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: SCOTT ALLAN BUSSE \_\_\_\_\_  
Location: TERRITORIAL \_\_\_\_\_  
3727 S PALO VERDE RD \_\_\_\_\_  
TUCSON, AZ 85713 \_\_\_\_\_  
Business Phone: (520)514-9035 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160484

FEI CHENG  
SUSHI CORTARO LLC  
SUSHI CORTARO  
8225 N COURTNEY PAGE WAY #141  
TUCSON AZ 85743

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104050 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 8/30/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: FEI CHENG \_\_\_\_\_  
Location: SUSHI CORTARO \_\_\_\_\_  
8225 N COURTNEY PAGE WAY #141 \_\_\_\_\_  
MARANA, AZ 85743 \_\_\_\_\_  
Business Phone: (520)572-8668 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160485

THOMAS ADAMS MILLER  
ELKHORN RANCH INC  
ELKHORN RANCH  
27000 W ELKHORN RANCH RD  
TUCSON AZ 85736

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100174 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 2/12/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ADAMS MILLER \_\_\_\_\_  
Location: ELKHORN RANCH \_\_\_\_\_  
27000 W ELKHORN RANCH RD \_\_\_\_\_  
TUCSON, AZ 85736 \_\_\_\_\_  
Business Phone: (520)822-1040 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160486

KEVIN ARNOLD KRAMBER  
SAWMILL RESTAURANT LLC  
SAWMILL RUN RESTAURANT  
536 E WAGON BLUFF DR  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104162 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 3/23/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: SAWMILL RUN RESTAURANT \_\_\_\_\_  
12976 N SABINO CANYON PARK \_\_\_\_\_  
MOUNT LEMMON, AZ 85619 \_\_\_\_\_  
Business Phone: (520)576-9147 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160487

ANDREA DAHLMAN LEWKOWITZ  
ISLAND HOSPITALITY MANAGEMENT V LLC  
RESIDENCE INN WILLIAMS CENTRE  
2600 N CENTRAL AVE #1775  
PHOENIX AZ 85004

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100014 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 7/11/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ANDREA DAHLMAN LEWKOWITZ \_\_\_\_\_  
Location: RESIDENCE INN WILLIAMS CENTRE \_\_\_\_\_  
5400 E WILLIAMS CIR \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)790-6100 \_\_\_\_\_

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# 11103098 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 7/11/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ANDREA DAHLMAN LEWKOWITZ \_\_\_\_\_  
Location: COURTYARD BY MARRIOTT \_\_\_\_\_  
201 S WILLIAMS BLVD \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)745-6000 \_\_\_\_\_  
% 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**

RI160488

TIMOTHY RICHARD LINDBLAD  
TMIC LLC  
PALO VERDE BAR & GRILL  
PO BOX 8041  
TUMACACORI AZ 85640

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100064 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/7/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: TIMOTHY RICHARD LINDBLAD \_\_\_\_\_  
Location: PALO VERDE BAR & GRILL \_\_\_\_\_  
5801 S PALO VERDE RD \_\_\_\_\_  
TUCSON, AZ 85706 \_\_\_\_\_  
Business Phone: (520)294-4728 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160489

STEPHEN VINCENT TRACY  
THUNDER CANYON BREWERY BROADWAY LLC  
THUNDER CANYON BREWERY  
220 E BROADWAY BLVD STE A  
TUCSON AZ 85701

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100145 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 9/23/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: STEPHEN VINCENT TRACY \_\_\_\_\_  
Location: THUNDER CANYON BREWERY \_\_\_\_\_  
220 E BROADWAY BLVD STE A \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)396-3480 \_\_\_\_\_

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# 12104177 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 7/27/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: STEPHEN VINCENT TRACY \_\_\_\_\_  
Location: THUNDER CANYON BREWERY \_\_\_\_\_  
220 E BROADWAY BLVD STE A \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)396-3480 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_  
(Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**\*Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160490

RAMIRO SALAZAR FLORES, JR.  
MISS WITH CONFIDENCE LLC  
HIDEOUT  
55 W FRANKLIN AVE  
TUCSON AZ 85701

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100141 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/19/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: RAMIRO SALAZAR FLORES, JR. \_\_\_\_\_  
Location: HIDEOUT \_\_\_\_\_  
3000 S MISSION \_\_\_\_\_  
TUCSON, AZ 85713 \_\_\_\_\_  
Business Phone: (520)791-0515 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160491

GIORGIOS ANDREAS MARKOU  
PELIO GRILL LLC  
PELIO GRILL  
6901 E CALLE BELLATRIX  
TUCSON AZ 85710

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100020 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 9/9/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: GIORGIOS ANDREAS MARKOU \_\_\_\_\_  
Location: PELIO GRILL \_\_\_\_\_  
994 E UNIVERSITY BLVD \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)777-4967 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160492

ANITA JO FREEDLANDER  
RUSTY'S PUTNEYS LLC  
RUSTY'S PUTNEYS  
2075 W GRANT RD  
TUCSON AZ 85745

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103379 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 2/26/2001  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: ANITA JO FREEDLANDER \_\_\_\_\_  
Location: RUSTY'S PUTNEYS \_\_\_\_\_  
2075 W GRANT RD \_\_\_\_\_  
TUCSON, AZ 85745 \_\_\_\_\_  
Business Phone: (520)623-3363 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

- 1) \_\_\_\_\_  
Name Street City County Zip
- 2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160493

RON THOMAS YAELI  
BRAVO GROUP IV LLC  
LA SALSA FRESH MEXICAN GRILL  
1916 E 3RD ST  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103431 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 8/27/2002  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: RON THOMAS YAELI \_\_\_\_\_  
Location: LA SALSA FRESH MEXICAN GRILL \_\_\_\_\_  
1021 N WILMOT RD \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160494

CIRILO PRECIADO  
PRECIADO CIRIL JTWROS  
MARISCOS CHIHUAHUA  
1009 N GRANDE AVE  
TUCSON AZ 85745

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103094 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/10/2007  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: CIRILO PRECIADO \_\_\_\_\_  
Location: MARISCOS CHIHUAHUA \_\_\_\_\_  
1009 N GRANDE AVE \_\_\_\_\_  
TUCSON, AZ 85745 \_\_\_\_\_  
Business Phone: (520)623-3563 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip  
2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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**

RI160495

PETER THOMAS WILKE  
CORNER MARKET LLC  
WILKO  
70 W CUSHING ST  
TUCSON AZ 85701

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104118 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 7/26/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: PETER THOMAS WILKE \_\_\_\_\_  
Location: WILKO \_\_\_\_\_  
943 E UNIVERSTIY BLVD #171 \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)792-6684 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160496

ORLANDO RAFAEL RASCON  
RASCON FAMILY INVESTMENT INC  
MARISCOS MI MAZATLAN  
5601 E 22ND ST  
TUCSON AZ 85711

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104143 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/31/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ORLANDO RAFAEL RASCON \_\_\_\_\_  
Location: MARISCOS MI MAZATLAN \_\_\_\_\_  
5601 E 22ND ST \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)790-2888 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160497

GLENN PAUL GERSON  
GSGB HOLDINGS LLC  
GUSTO OSTERIA  
7153 E TANQUE VERDE RD  
TUCSON AZ 85715

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104136 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/4/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: GLENN PAUL GERSON \_\_\_\_\_  
Location: GUSTO OSTERIA \_\_\_\_\_  
7153 E TANQUE VERDE RD \_\_\_\_\_  
TUCSON, AZ 85715 \_\_\_\_\_  
Business Phone: (520)722-9487 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160498

CARLOTTA MARY FLORES  
ECOC LLC  
EL CHARRO CAFE  
4644 E FORT LOWELL  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103947 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 5/18/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: CARLOTTA MARY FLORES \_\_\_\_\_  
Location: EL CHARRO CAFE \_\_\_\_\_  
7725 N ORACLE RD #101 \_\_\_\_\_  
ORO VALLEY, AZ 85704 \_\_\_\_\_  
Business Phone: (520)545-0871 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160499

JONATHAN LANDEEN  
LANDEEN ENTERPRISES INC  
JONATHAN'S TUCSON CORK  
6320 E TANQUE VERDE  
TUCSON AZ 85715

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12100063 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/15/1994  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JONATHAN LANDEEN \_\_\_\_\_  
Location: JONATHAN'S TUCSON CORK \_\_\_\_\_  
6320 E TANQUE VERDE RD \_\_\_\_\_  
TUCSON, AZ 85715 \_\_\_\_\_  
Business Phone: (520)296-1631 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160500

MARK HADDAD SMITH  
SMR RESTAURANT CORPORATION  
RENEE'S ORGANIC OVEN  
7065 E TANQUE VERDE RD  
TUCSON AZ 85715

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103646 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/6/2008  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MARK HADDAD SMITH \_\_\_\_\_  
Location: RENEE'S ORGANIC OVEN \_\_\_\_\_  
7065 E TANQUE VERDE RD \_\_\_\_\_  
TUCSON, AZ 85715 \_\_\_\_\_  
Business Phone: (520)886-0484 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160501

NELSON ALEXANDER MILLER  
TRIDENT SALOON INC  
TRIDENT  
P O BOX 41448  
TUCSON AZ 85717

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103625 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/9/2004  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: NELSON ALEXANDER MILLER \_\_\_\_\_  
Location: TRIDENT \_\_\_\_\_  
2033 E SPEEDWAY #101 \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)795-5755 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160502

ERIC LAURENCE WOLF  
HUNGRY WOLF #3 LLC  
SMASHBURGER #3  
9790 E CARON ST  
SCOTTSDALE AZ 85258

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104265 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 2/26/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ERIC LAURENCE WOLF \_\_\_\_\_  
Location: SMASHBURGER #3 \_\_\_\_\_  
6970 E 22ND ST #A106-A108 \_\_\_\_\_  
TUCSON, AZ 85710 \_\_\_\_\_  
Business Phone: (520)326-1588 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160503

ARTEMISA M JULANDER  
MARCELA'S CAFE  
750 N JEFFERSON  
AJO AZ 85321

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103212 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/11/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: \_\_\_\_\_  
Location: MARCELA'S CAFE \_\_\_\_\_  
1117 W DORSEY \_\_\_\_\_  
AJO, AZ 85321 \_\_\_\_\_  
Business Phone: (520)387-7554 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip  
2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160504

JONATHON ROSS TUCK  
MISCHIEF HOSPITALITY LLC  
DANTE'S FIRE  
2526 E GRANT RD  
TUCSON AZ 85716

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104232 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/16/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JONATHON ROSS TUCK \_\_\_\_\_  
Location: DANTE'S FIRE \_\_\_\_\_  
2526 E GRANT RD \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: (520)382-9255 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160505

THOMAS ROBERT AGUILERA  
HOTEL CONGRESS LLC  
HOTEL CONGRESS  
4554 E CAMP LOWELL DR  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100175 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/2/2003  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: HOTEL CONGRESS \_\_\_\_\_  
311 E CONGRESS ST \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)622-8848 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160506

BAO QUOC MA  
KIM & SONS LLC  
MISS SAIGON BAR & GRILL  
13926 E SAGE HILLS DR  
VAIL AZ 85641

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103814 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/8/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: BAO QUOC MA \_\_\_\_\_  
Location: MISS SAIGON BAR & GRILL \_\_\_\_\_  
4650 W INA RD \_\_\_\_\_  
MARANA, AZ 85741 \_\_\_\_\_  
Business Phone: (520)572-6560 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160507

LUIS OMAR MEJIA  
EL SUR RESTAURANT LLC  
EL SUR RESTAURANT  
5602 E 22ND ST  
TUCSON AZ 85711

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103453 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/20/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: LUIS OMAR MEJIA \_\_\_\_\_  
Location: EL SUR RESTAURANT \_\_\_\_\_  
5602 E 22ND ST \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)748-1032 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160508

DOUGLAS MARC LEVY  
FEEDING FRENZY INC  
FEAST  
3719 E SPEEDWAY  
TUCSON AZ 85716

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100048 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 9/22/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: DOUGLAS MARC LEVY \_\_\_\_\_  
Location: FEAST \_\_\_\_\_  
3719 E SPEEDWAY \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: (520)326-9363 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160509

ERIC CHRISTOPHER CORRALES  
DRIFTWOOD MANAGEMENT LLC  
DRIFTWOOD  
P O BOX 40205  
TUCSON AZ 85717

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100113 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/8/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ERIC CHRISTOPHER CORRALES \_\_\_\_\_  
Location: DRIFTWOOD \_\_\_\_\_  
2001 S CRAYCROFT RD \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)790-4317 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160510

JASON HARTNETT HARTENBACH  
PAINTED PLATE CULINARY CONCEPTS LLC  
TOHONO CHUL TEA ROOM  
5029 E 5TH ST  
TUCSON AZ 85711

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104193 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/8/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JASON HARTNETT HARTENBACH \_\_\_\_\_  
Location: TOHONO CHUL TEA ROOM \_\_\_\_\_  
7366 N PASEO DEL NORTE \_\_\_\_\_  
TUCSON, AZ 85704 \_\_\_\_\_  
Business Phone: (520)742-6455 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160511

REBECCA DEBENPORT SAFFORD  
TAP & BOTTLE COMPANY, LLC  
TAP + BOTTLE  
406 N 6TH AVE  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07106005 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/10/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: REBECCA DEBENPORT SAFFORD \_\_\_\_\_  
Location: TAP + BOTTLE \_\_\_\_\_  
403 N 6TH AVE #135 \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)743-6451 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160512

MARK CLAY OSWALD  
HERITAGE HIGHLANDS AT REDHAWK MASTER HOMEOWNERS ASSOC  
HERITAGE HIGHLANDS GOLF & COUNTRY CLUB  
4949 W HERITAGE CLUB BLVD  
MARANA AZ 85658

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100028 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 10/6/2006  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: MARK CLAY OSWALD \_\_\_\_\_  
Location: HERITAGE HIGHLANDS GOLF & COUNTRY CLUB \_\_\_\_\_  
4949 W HERITAGE CLUB BLVD \_\_\_\_\_  
MARANA, AZ 85658 \_\_\_\_\_  
Business Phone: (520)579-9574 \_\_\_\_\_

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# 12103142 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 10/6/2006  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: MARK CLAY OSWALD \_\_\_\_\_  
Location: HERITAGE HIGHLANDS GOLF & COUNTRY CLUB \_\_\_\_\_  
4949 W HERITAGE CLUB BLVD \_\_\_\_\_  
MARANA, AZ 85658 \_\_\_\_\_  
Business Phone: (520)579-9574 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_  
(Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**\*Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160513

SAURABH SAREEN  
SM FOODS LLC  
SAFFRON INDIAN BISTRO  
7607 N ORACLE RD #101  
ORO VALLEY AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103875 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 5/27/2008  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: SAURABH SAREEN \_\_\_\_\_  
Location: SAFFRON INDIAN BISTRO \_\_\_\_\_  
7607 N ORACLE RD #101 \_\_\_\_\_  
ORO VALLEY, AZ 85704 \_\_\_\_\_  
Business Phone: (520)388-4500 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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**

RI160514

MATTHEW LEE WALDEN  
RED GARTER SALOON A C C  
RED GARTER SALOON  
3143 E SPEEDWAY BLVD  
TUCSON AZ 85716

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100251 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/8/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MATTHEW LEE WALDEN \_\_\_\_\_  
Location: RED GARTER SALOON \_\_\_\_\_  
3143 E SPEEDWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: (520)325-0483 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160515

ANDREA DAHLMAN LEWKOWITZ  
CLAIM JUMPER ACQUISITION COMPANY LLC  
CLAIM JUMPER RESTAURANT  
LANDRY'S LICENSING DEPT  
1510 WEST LOOP SOUTH  
HOUSTON TX 77027

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104106 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 8/30/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: ANDREA DAHLMAN LEWKOWITZ \_\_\_\_\_  
Location: CLAIM JUMPER RESTAURANT \_\_\_\_\_  
3761 E BROADWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: (520)795-2900 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip  
2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160516

KEVIN ARNOLD KRAMBER  
TUCSON SUITES LLC  
DOUBLE TREE SUITES BY HILTON TUCSON AIRPORT  
536 E WAGON BLUFF DR  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 11103086 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/15/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: DOUBLE TREE SUITES BY HILTON TUCSON AIRPORT \_\_\_\_\_  
7051 S TUCSON BLVD \_\_\_\_\_  
TUCSON, AZ 85706 \_\_\_\_\_  
Business Phone: (520)225-0880 \_\_\_\_\_  
% 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 \_\_\_\_\_ 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**

RI160517

DEBORAH LYNN REINERS  
CHEESECAKE FACTORY RESTAURANTS INC  
CHEESECAKE FACTORY  
26901 MALIBU HILLS RD  
CALABASAS CA 91301

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103917 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/10/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: DEBORAH LYNN REINERS \_\_\_\_\_  
Location: CHEESECAKE FACTORY \_\_\_\_\_  
60 W WETMORE RD \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160518

WESLEY RUDOLPH BECKER, JR.  
FIESTA LANES LLC  
FIESTA LANES  
3665 S 16TH AVE  
TUCSON AZ 85713

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100096 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 3/8/2005  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: WESLEY RUDOLPH BECKER, JR. \_\_\_\_\_  
Location: FIESTA LANES \_\_\_\_\_  
501 W RIVER RD \_\_\_\_\_  
TUCSON, AZ 85704 \_\_\_\_\_  
Business Phone: (520)887-2695 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160519

RANDY D NATIONS  
LAFUFI LLC  
CAFFE MILANO  
P O BOX 2502  
CHANDLER AZ 85244

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104267 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 3/17/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: RANDY D NATIONS \_\_\_\_\_  
Location: CAFFE MILANO \_\_\_\_\_  
46 W CONGRESS \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)628-1601 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160520

THOMAS ROBERT AGUILERA  
MGT RESTAURANT CONCEPTS LLC  
TAVOLINO  
4554 E CAMP LOWELL DR  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100075 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 9/6/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: TAVOLINO \_\_\_\_\_  
2890 E SKYLINE DR #100 \_\_\_\_\_  
TUCSON, AZ 85718 \_\_\_\_\_  
Business Phone: (520)531-1931 \_\_\_\_\_

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# 12104011 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 4/7/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: TAVOLINO \_\_\_\_\_  
2890 E SKYLINE DR #100 \_\_\_\_\_  
TUCSON, AZ 85718 \_\_\_\_\_  
Business Phone: (520)531-1931 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_  
(Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**\*Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160521

DANNY JAMES PREISER  
BOPPO INC  
ELBOW ROOM  
1145 W PRINCE RD  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100259 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/15/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: DANNY JAMES PREISER \_\_\_\_\_  
Location: ELBOW ROOM \_\_\_\_\_  
1145 W PRINCE RD \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)690-1011 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary



**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160522

ANDREA DAHLMAN LEWKOWITZ  
COFFEE HOUSE HOLDINGS INC  
STARBUCKS COFFEE #6920  
P O BOX 34442  
ATTN: MAILSTOP S-TAX2 LICENSE SERVICES  
SEATTLE WA 98124

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----

License# 12104394 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Status: Active Status Date: 2/26/2016  
 License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
 Agent: ANDREA DAHLMAN LEWKOWITZ \_\_\_\_\_  
 Location: STARBUCKS COFFEE #6920 \_\_\_\_\_  
 3025 E SPEEDWAY BLVD \_\_\_\_\_  
 TUCSON, AZ 85716 \_\_\_\_\_  
 Business Phone: (520)320-1760 \_\_\_\_\_  
 % 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

-----

License# 12104395 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Status: Active Status Date: 2/26/2016  
 License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
 Agent: ANDREA DAHLMAN LEWKOWITZ \_\_\_\_\_  
 Location: STARBUCKS COFFEE #5509 \_\_\_\_\_  
 639 W INA RD \_\_\_\_\_  
 CASA ADOBES, AZ 85704 \_\_\_\_\_  
 Business Phone: (520)219-4880 \_\_\_\_\_  
 % 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**

RI160523

KENNETH SCOTT BEDIENT  
HORSESHOE GRILL LLC  
HORSESHOE GRILL  
7713 E BROADWAY BLVD  
TUCSON AZ 85710

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104389 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/11/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KENNETH SCOTT BEDIENT \_\_\_\_\_  
Location: HORSESHOE GRILL \_\_\_\_\_  
7713 E BROADWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85710 \_\_\_\_\_  
Business Phone: (520)838-0404 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160524

PERFECTO LEON  
PERFECTO'S MEXICAN RESTAURANT LLC  
PERFECTO'S MEXICAN RESTAURANT  
5404 S 12TH AVE  
TUCSON AZ 85706

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104400 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 5/12/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: PERFECTO LEON \_\_\_\_\_  
Location: PERFECTO'S MEXICAN RESTAURANT \_\_\_\_\_  
5404 S 12TH AVE \_\_\_\_\_  
TUCSON, AZ 85706 \_\_\_\_\_  
Business Phone: (520)889-5651 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160525

KEVIN ARNOLD KRAMBER  
WESTERN SHOW CASE LLC  
MAVERICK TUCSON'S LIVE COUNTRY CLUB  
536 E WAGON BLUFF DR  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100267 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/20/2005  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: MAVERICK TUCSON'S LIVE COUNTRY CLUB \_\_\_\_\_  
6622 E TANQUE VERDE RD \_\_\_\_\_  
TUCSON, AZ 85715 \_\_\_\_\_  
Business Phone: (520)322-6989 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160526

WESLEY RUDOLPH BECKER, JR.  
SANTA CRUZ LANES LLC  
CACTUS BOWL  
3665 S 16TH AVE  
TUCSON AZ 85713

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100019 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/6/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: WESLEY RUDOLPH BECKER, JR. \_\_\_\_\_  
Location: CACTUS BOWL \_\_\_\_\_  
3665 S 16TH AVE \_\_\_\_\_  
TUCSON, AZ 85713 \_\_\_\_\_  
Business Phone: (520)622-2186 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160527

KC COMBS  
 DRY RIVER COMPANY LLC  
 DRY RIVER COMPANY  
 800 N KOLB RD  
 TUCSON AZ 85710

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
 A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100042 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/6/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KC COMBS \_\_\_\_\_  
Location: DRY RIVER COMPANY \_\_\_\_\_  
800 N KOLB RD \_\_\_\_\_  
TUCSON, AZ 85710 \_\_\_\_\_  
Business Phone: (520)298-5555 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160528

DOROTHY S WARNER  
DODIE ENTERPRISES INC  
BAMBI BAR  
5050 E SPEEDWAY BLVD  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100170 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/10/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: DOROTHY S WARNER \_\_\_\_\_  
Location: BAMBI BAR \_\_\_\_\_  
5050 E SPEEDWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)795-6663 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160529

YIU HONG LAU  
GEE'S GARDEN LLC  
GEE'S GARDEN RESTAURANT  
1145 N ALVERNON WAY  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100016 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/14/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: YIU HONG LAU \_\_\_\_\_  
Location: GEE'S GARDEN RESTAURANT \_\_\_\_\_  
1145 N ALVERNON WAY \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)325-5353 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160530

JORDAN AUGUST DEAN FULLER  
CALLE TEPA INC  
CALLE TEPA MEXICAN STREET GRILL  
6151 E BROADWAY BLVD  
TUCSON AZ 85711

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104224 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 4/12/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JORDAN AUGUST DEAN FULLER \_\_\_\_\_  
Location: CALLE TEPA MEXICAN STREET GRILL \_\_\_\_\_  
6151 E BROADWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)777-5962 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160531

OLGA IVANOVNA CHAUSOVSKAYA  
AVION LLC  
EUROPEAN MARKET  
4500 E SPEEDWAY  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100038 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 6/15/2006  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: OLGA IVANOVNA CHAUSOVSKAYA \_\_\_\_\_  
Location: EUROPEAN MARKET \_\_\_\_\_  
4500 E SPEEDWAY #36 \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)512-0206 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160532

BRIAN WAYNE MORRIS  
H & S HOSPITALITY LLC  
COMMONER & CO  
6960 E SUNRISE DR #110  
TUCSON AZ 85750

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104367 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 8/4/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: BRIAN WAYNE MORRIS \_\_\_\_\_  
Location: COMMONER & CO \_\_\_\_\_  
6960 E SUNRISE DR #110 \_\_\_\_\_  
TUCSON, AZ 85750 \_\_\_\_\_  
Business Phone: (520)257-1177 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160533

MICHAEL A TRUE  
WHITE STALLION RANCH INC  
WHITE STALLION RANCH  
9251 W TWIN PEAKS  
TUCSON AZ 85743

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 11100019 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/6/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MICHAEL A TRUE \_\_\_\_\_  
Location: WHITE STALLION RANCH \_\_\_\_\_  
9251 W TWIN PEAKS RD \_\_\_\_\_  
TUCSON, AZ 85743 \_\_\_\_\_  
Business Phone: (520)297-0252 \_\_\_\_\_  
% 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 \_\_\_\_\_ 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**

RI160534

YUNQIN LU  
SUNRISE BUFFET INC  
NEW CHINA SUPER BUFFET  
1160 N WILMOT RD  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104344 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 2/12/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: YUNQIN LU \_\_\_\_\_  
Location: NEW CHINA SUPER BUFFET \_\_\_\_\_  
1160 N WILMOT RD \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)886-3788 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160535

THOMAS ROBERT AGUILERA  
MONSOONS TAP & GRILL LLC  
MONSOONS TAP & GRILL  
4554 E CAMP LOWELL DR  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104238 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 8/5/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: MONSOONS TAP & GRILL \_\_\_\_\_  
6781 N THORNYDALE #261 \_\_\_\_\_  
TUCSON, AZ 85741 \_\_\_\_\_  
Business Phone: (520)720-2058 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160536

MANUEL D CORDOVA ENRIQUEZ  
NEIGHBORHOOD LLC  
NEIGHBORHOOD  
2726 S FORGEUS AVE  
TUCSON AZ 85713

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100149 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 5/15/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MANUEL D CORDOVA ENRIQUEZ \_\_\_\_\_  
Location: NEIGHBORHOOD \_\_\_\_\_  
3940 E 29TH ST \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)207-4004 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160537

GARRETT WILLIAM ROHWER  
C & G RESTAURANTS INC  
GARRETT'S FAMILY STEAKHOUSE  
11450 E CALLE JAVELINA  
TUCSON AZ 85748

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104334 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/29/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: GARRETT WILLIAM ROHWER \_\_\_\_\_  
Location: GARRETT'S FAMILY STEAKHOUSE \_\_\_\_\_  
9431 E 22ND ST #157 \_\_\_\_\_  
TUCSON, AZ 85710 \_\_\_\_\_  
Business Phone: (520)745-8461 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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**

RI160538

PATRICK MURRAY CONNORS  
PEPPER TREE FOOD & BEVERAGE LLC  
PASTICHE MODERN EATERY  
3025 N CAMPBELL AVE STE 121  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100076 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/6/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: PATRICK MURRAY CONNORS \_\_\_\_\_  
Location: PASTICHE MODERN EATERY \_\_\_\_\_  
3025 N CAMPBELL AVE STE 121 \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)325-3333 \_\_\_\_\_

Renewal Fees:  
License Renewal: 75.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 35.00  
Total: 175.00

-----  
License# 12103195 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/6/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: PATRICK MURRAY CONNORS \_\_\_\_\_  
Location: PASTICHE MODERN EATERY \_\_\_\_\_  
3025 N CAMPBELL AVE STE 121 \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)325-3333 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_  
(Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**\*Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160539

DOUGLAS C JACKSON  
LA FIESTA INN INC  
CASA DEL RIO RESTAURANT  
1060 S PANTANO RD  
TUCSON AZ 85710

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12100068 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/9/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: DOUGLAS C JACKSON \_\_\_\_\_  
Location: CASA DEL RIO RESTAURANT \_\_\_\_\_  
1060 S PANTANO RD \_\_\_\_\_  
TUCSON, AZ 85710 \_\_\_\_\_  
Business Phone: (520)296-2309 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160540

YUN GAN LU  
GB VALENCIA LLC  
GRAND BUFFET  
1690 W VALENCIA RD  
TUCSON AZ 85746

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103899 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/8/2008  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: YUN GAN LU \_\_\_\_\_  
Location: GRAND BUFFET \_\_\_\_\_  
1690 W VALENCIA RD \_\_\_\_\_  
TUCSON, AZ 85746 \_\_\_\_\_  
Business Phone: (520)806-8088 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160541

AMIR A YAZDAN PANAH  
ALI BABA RESTAURANT LLC  
ALI BABA RESTAURANT AND GRILL  
2545 E SPEEDWAY BLVD #125  
TUCSON AZ 85716

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. **MANAGER** as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. **EQUITABLE INTEREST HOLDER:** A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. **LICENSED RESTAURANT CRITERIA** - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses **WILL NOT** be renewed if the Business Data Report is not attached to this renewal.

E. **ANNUAL PRODUCTION REPORTING** - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104228 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/23/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: AMIR A YAZDAN PANAHA \_\_\_\_\_  
Location: ALI BABA RESTAURANT AND GRILL \_\_\_\_\_  
2545 E SPEEDWAY BLVD #125 \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: (520)319-2559 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160542

CHRISTOPHER JAMES KEARNS  
USA RACEWAY LLC  
USA RACEWAY  
P O BOX 99  
LITCHFIELD PARK AZ 85340

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100168 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Inactive Status Date: 1/28/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: CHRISTOPHER JAMES KEARNS \_\_\_\_\_  
Location: USA RACEWAY \_\_\_\_\_  
4300 E LOS REALES RD \_\_\_\_\_  
TUCSON, AZ 85706 \_\_\_\_\_  
Business Phone: (520)664-2074 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160543

STEPHANIE HELEN JOHNSTON  
SURLY WENCH PUB INC  
SURLY WENCH PUB  
1260 E EDISON  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100043 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 9/10/2004  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: STEPHANIE HELEN JOHNSTON \_\_\_\_\_  
Location: SURLY WENCH PUB \_\_\_\_\_  
424 N 4TH AVE \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)882-0009 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160544

JOSEPH PATRICK RIEMAN  
DUVAL TRIPLE PLAY LLC  
TRIPLE PLAY  
1570 W DUVAL MINE RD  
GREEN VALLEY AZ 85614

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100153 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/18/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JOSEPH PATRICK RIEMAN \_\_\_\_\_  
Location: TRIPLE PLAY \_\_\_\_\_  
1570 W DUVAL MINE RD \_\_\_\_\_  
SAHUARITA, AZ 85629 \_\_\_\_\_  
Business Phone: (520)625-7888 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160545

OCTAVIO BUSTILLOS ORTEGA  
CLUB 4TH AVENUE LLC  
CLUB 4TH AVENUE  
455 S CRAYCROFT RD  
TUCSON AZ 85711

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100006 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 9/28/2006  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: OCTAVIO BUSTILLOS ORTEGA \_\_\_\_\_  
Location: CLUB 4TH AVENUE \_\_\_\_\_  
1901 S 4TH AVE \_\_\_\_\_  
TUCSON, AZ 85713 \_\_\_\_\_  
Business Phone: (520)620-1020 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160546

MICHAEL STEVEN ELEFANTE  
PESTO & GARLIC LLC  
MAMA LOUISA'S ITALIAN RESTAURANT & CATERING  
2041 S CRAYCROFT RD  
TUCSON AZ 85711

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104223 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/6/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MICHAEL STEVEN ELEFANTE \_\_\_\_\_  
Location: MAMA LOUISA'S ITALIAN RESTAURANT & CATERING \_\_\_\_\_  
2041 S CRAYCROFT RD \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)790-4702 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160547

RAMIRO JAMES SCAVO  
RED'S PIZZERIA & TAP HOUSE LLC  
RED'S SMOKEHOUSE & TAP ROOM  
13511 N SANDRA  
MARANA AZ 85658

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----

License# 07106001                      Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Status: Active                              Status Date: 12/22/2015  
 License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No                      Changes:(may require additional Filing)  
 Agent: RAMIRO JAMES SCAVO                      \_\_\_\_\_  
 Location: RED'S SMOKEHOUSE & TAP ROOM                      \_\_\_\_\_  
                     943 E UNIVERSITY BLVD #125                      \_\_\_\_\_  
                     TUCSON, AZ 85719                      \_\_\_\_\_  
 Business Phone: (520)882-8013                      \_\_\_\_\_

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# 12104374                      Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Status: Active                              Status Date: 12/22/2015  
 License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No                      Changes:(may require additional Filing)  
 Agent: RAMIRO JAMES SCAVO                      \_\_\_\_\_  
 Location: RED'S SMOKEHOUSE & TAP ROOM                      \_\_\_\_\_  
                     943 E UNIVERSITY BLVD #125                      \_\_\_\_\_  
                     TUCSON, AZ 85719                      \_\_\_\_\_  
 Business Phone: (520)882-8013                      \_\_\_\_\_  
 % Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?     No     Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
 Name    Street    City    County    Zip

2) \_\_\_\_\_  
 Name    Street    City    County    Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_  
(Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**\*Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160548

MARK STEVEN RUSSELL  
OPB RESTAURANTS INC  
OREGANO'S PIZZA BISTRO  
5141 N 40TH ST #300  
PHOENIX AZ 85018

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104155 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 3/6/2012  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: MARK STEVEN RUSSELL \_\_\_\_\_  
Location: OREGANO'S PIZZA BISTRO \_\_\_\_\_  
100 W ORANGE GROVE RD \_\_\_\_\_  
TUCSON, AZ 85704 \_\_\_\_\_  
Business Phone: (520)229-9999 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160549

METTA LEAVENS  
BAI THONG  
4853 E SPEEDWAY BLVD  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100271 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/19/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: \_\_\_\_\_  
Location: BAI THONG \_\_\_\_\_  
4853 E SPEEDWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)881-5068 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160550

CALVIN I-HSIN CHU  
C I CHU'S MONGOLIAN BARBEQUE LLC  
C I CHU'S MONGOLIAN BARBEQUE  
4540 E BROADWAY  
TUCSON AZ 85711

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103595 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/5/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: CALVIN I-HSIN CHU \_\_\_\_\_  
Location: C I CHU'S MONGOLIAN BARBEQUE \_\_\_\_\_  
4540 E BROADWAY \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)881-4798 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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**

RI160551

MUKHTIAR SINGH  
SADHU ENTERPRISES LLC  
GHANDI CUISINE OF INDIA  
150 W FORT LOWELL RD  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12101187 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/16/1994  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MUKHTIAR SINGH \_\_\_\_\_  
Location: GHANDI CUISINE OF INDIA \_\_\_\_\_  
150 W FORT LOWELL RD \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)292-0738 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160552

JEFFREY STUART BRIDGE  
BIG NOSE FOODS LLC  
J&J IT'S GREEK TO ME  
9420 E MARGO LN  
TUCSON AZ 85749

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104246 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/4/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JEFFREY STUART BRIDGE \_\_\_\_\_  
Location: J&J IT'S GREEK TO ME \_\_\_\_\_  
15920 N ORACLE RD #120 \_\_\_\_\_  
TUCSON, AZ 85739 \_\_\_\_\_  
Business Phone: (520)825-4199 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160553

RICHARD WILLIAM MC KNIGHT  
CANYON'S CROWN RESTAURANT & PUB LLC  
CANYON'S CROWN RESTAURANT & PUB  
6958 E TANQUE VERDE RD  
TUCSON AZ 85715

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103835 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 10/13/2011  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: RICHARD WILLIAM MC KNIGHT \_\_\_\_\_  
Location: CANYON'S CROWN RESTAURANT & PUB \_\_\_\_\_  
6958 E TANQUE VERDE RD \_\_\_\_\_  
TUCSON, AZ 85715 \_\_\_\_\_  
Business Phone: (520)885-8277 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160554

NAM KY TRUONG  
LINH NAM LLC  
LINH-NAM CHINESE RESTAURANT  
3936 W INA RD # 362  
TUCSON AZ 85741

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100257 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/1/1986  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: NAM KY TRUONG \_\_\_\_\_  
Location: LINH-NAM CHINESE RESTAURANT \_\_\_\_\_  
3936 W INA #362 \_\_\_\_\_  
TUCSON, AZ 85741 \_\_\_\_\_  
Business Phone: (520)744-4480 \_\_\_\_\_

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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary



**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160555

BOBBY DARRELL NEWMAN  
PINNACLE CONCESSIONS LLC  
MIKE JACOBS SPORTS PARK  
8870 N YELLOW MOON DR  
TUCSON AZ 85743

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100199 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/7/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: BOBBY DARRELL NEWMAN \_\_\_\_\_  
Location: MIKE JACOBS SPORTS PARK \_\_\_\_\_  
6901 N CASA GRANDE HWY \_\_\_\_\_  
TUCSON, AZ 85743 \_\_\_\_\_  
Business Phone: (520)661-2588 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160556

RAMON VALENCIA, JR.  
LAS PALMAS INVESTMENTS INC  
LAS PALMAS  
332 W IRVINGTON RD  
TUCSON AZ 85714

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100209 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/15/1997  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: RAMON VALENCIA, JR. \_\_\_\_\_  
Location: LAS PALMAS \_\_\_\_\_  
332 W IRVINGTON \_\_\_\_\_  
TUCSON, AZ 85714 \_\_\_\_\_  
Business Phone: (520)889-7747 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160557

JAMES C WOOTTON  
CLUB AT LA MARIPOSA LC  
CLUB AT LA MARIPOSA  
1501 N HOUGHTON RD  
TUCSON AZ 85749

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12101237 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/10/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JAMES C WOOTTON \_\_\_\_\_  
Location: CLUB AT LA MARIPOSA \_\_\_\_\_  
1501 N HOUGHTON RD \_\_\_\_\_  
TUCSON, AZ 85749 \_\_\_\_\_  
Business Phone: (520)749-1099 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160558

DEAN ANDREW GRIFFITH  
GRIFFYDD ENTERPRISES LLC  
MILLIES PANCAKE HAUS  
6530 E TANQUE VERDE RD  
TUCSON AZ 85715

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104295 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 7/21/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: DEAN ANDREW GRIFFITH \_\_\_\_\_  
Location: MILLIES PANCAKE HAUS \_\_\_\_\_  
6530 E TANQUE VERDE RD \_\_\_\_\_  
TUCSON, AZ 85715 \_\_\_\_\_  
Business Phone: (520)298-4250 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip  
2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160559

LAUREN KAY MERRETT  
SPEEDWAY DINING LLC  
MAY'S COUNTER  
736 S LONGMORE ST  
CHANDLER AZ 85224

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104012 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/16/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: LAUREN KAY MERRETT \_\_\_\_\_  
Location: MAY'S COUNTER \_\_\_\_\_  
2945 E SPEEDWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: (520)327-2412 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160560

PAOLO ROBERT DEFILIPPIS  
BTO BY CHOICE LLC  
GRAZE  
2721 E SPEEDWAY BLVD  
TUCSON AZ 85716

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104351 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 5/12/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: PAOLO ROBERT DEFILIPPIS \_\_\_\_\_  
Location: GRAZE \_\_\_\_\_  
2721 E SPEEDWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: (520)269-6888 \_\_\_\_\_  
% 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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160561

MARIA VICTORIA MEDINA SILLAS  
TG EAST TUCSON LLC  
TACO GIRO MEXICAN GRILL  
5754 E 22ND ST  
TUCSON AZ 85711

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. **MANAGER** as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. **EQUITABLE INTEREST HOLDER:** A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. **LICENSED RESTAURANT CRITERIA** - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses **WILL NOT** be renewed if the Business Data Report is not attached to this renewal.

E. **ANNUAL PRODUCTION REPORTING** - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104440 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 7/20/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MARIA VICTORIA MEDINA SILLAS \_\_\_\_\_  
Location: TACO GIRO MEXICAN GRILL \_\_\_\_\_  
5754 E 22ND ST \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)514-2199 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160562

LISA LOUISE SHAPOURI  
HARVEST RIVER LLC  
HARVEST RESTAURANT  
10355 N LA CANADA DR #141  
TUCSON AZ 85737

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104377 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 9/24/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: LISA LOUISE SHAPOURI \_\_\_\_\_  
Location: HARVEST RESTAURANT \_\_\_\_\_  
5605 E RIVER RD #201 \_\_\_\_\_  
TUCSON, AZ 85750 \_\_\_\_\_  
Business Phone: (520)529-7180 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160563

RICHARD PAUL FINK  
ZONA 7301 LLC  
ZONA 78  
7301 E TANQUE VERDE  
TUCSON AZ 85715

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103850 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/16/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: RICHARD PAUL FINK \_\_\_\_\_  
Location: ZONA 78 \_\_\_\_\_  
7301 E TANQUE VERDE \_\_\_\_\_  
TUCSON, AZ 85715 \_\_\_\_\_  
Business Phone: (520)296-7878 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160564

NICHOLAS CHARLES BOUTIN  
RUBIOS RESTAURANT INC  
RUBIO'S BAJA GRILL  
1902 WRIGHT PL STE 300  
CARLSBAD CA 92008

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103272 Renew?  Yes  No  
Status: Active Status Date: 10/12/2010  
License Inactive?  Yes  No Changes:(may require additional Filing)  
Agent: NICHOLAS CHARLES BOUTIN \_\_\_\_\_  
Location: RUBIO'S BAJA GRILL \_\_\_\_\_  
2906 N CAMPBELL AVE \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)786-0941 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
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# 12103316 Renew?  Yes  No  
Status: Active Status Date: 10/12/2010  
License Inactive?  Yes  No Changes:(may require additional Filing)  
Agent: NICHOLAS CHARLES BOUTIN \_\_\_\_\_  
Location: RUBIO'S BAJA GRILL \_\_\_\_\_  
745 E PUSCH VIEW LN \_\_\_\_\_  
ORO VALLEY, AZ 85737 \_\_\_\_\_  
Business Phone: (520)732-2255 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
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# 12103406 Renew?  Yes  No  
Status: Active Status Date: 10/12/2010  
License Inactive?  Yes  No Changes:(may require additional Filing)  
Agent: NICHOLAS CHARLES BOUTIN \_\_\_\_\_  
Location: RUBIO'S BAJA GRILL \_\_\_\_\_  
5870 E BROADWAY SP 532 \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)917-2037 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
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# 12103768 Renew?  Yes  No  
Status: Active Status Date: 10/12/2010  
License Inactive?  Yes  No Changes:(may require additional Filing)  
Agent: NICHOLAS CHARLES BOUTIN \_\_\_\_\_  
Location: RUBIO'S FRESH MEXICAN GRILL \_\_\_\_\_

3421 E BROADWAY \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: (520)514-9166 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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**

RI160565

FRANK K MAST  
M2 DEVELOPMENT CORP  
FRANK'S SPORTS GRILL AND BAR  
7930 E SPEEDWAY BLVD  
TUCSON AZ 85710

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12101161 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/2/2003  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: FRANK K MAST \_\_\_\_\_  
Location: FRANK'S SPORTS GRILL AND BAR \_\_\_\_\_  
7930 E SPEEDWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85710 \_\_\_\_\_  
Business Phone: (520)290-9666 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160566

DONALD L HERK  
ARIZONA FAMILY RESTAURANT OF TUCSON INC  
ARIZONA FAMILY RESTAURANTS  
80 W ESPERANZA  
GREEN VALLEY AZ 85614

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12100061 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 2/13/1992  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: DONALD L HERK \_\_\_\_\_  
Location: ARIZONA FAMILY RESTAURANTS \_\_\_\_\_  
80 W ESPERANZA \_\_\_\_\_  
GREEN VALLEY, AZ 85614 \_\_\_\_\_  
Business Phone: (520)625-3680 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160567

KEVIN ARNOLD KRAMBER  
CONGRESS STREET CLUBS LLC  
ZEN  
536 E WAGON BLUFF DR  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100146 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 5/14/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: ZEN \_\_\_\_\_  
121 E CONGRESS ST \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)624-7668 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160568

TANIA XIOMARA WER  
SHISH KEBAB HOSPITALITY LLC  
SHISH KABOB HOUSE  
5855 E BROADWAY BLVD #118  
TUCSON AZ 85711

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104078 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/13/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: TANIA XIOMARA WER \_\_\_\_\_  
Location: SHISH KABOB HOUSE \_\_\_\_\_  
5855 E BROADWAY STE 118 \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)745-5308 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160569

RUTH ANN DORMANEN  
NORTHSTAR IV LLC  
PLAYER'S PUB  
P O BOX 8880  
TUCSON AZ 85738

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100239 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 4/3/1997  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: RUTH ANN DORMANEN \_\_\_\_\_  
Location: PLAYER'S PUB \_\_\_\_\_  
16024 N ORACLE RD \_\_\_\_\_  
TUCSON, AZ 85739 \_\_\_\_\_  
Business Phone: (520)825-3699 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160570

APRIL RISA HIRSCHI  
BJ'S RESTAURANT INC  
BJ'S RESTAURANT & BREWERY  
7755 CENTER AVE #300  
HUNTINGTON BEACH CA 92647

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103647 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 5/23/2005  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: APRIL RISA HIRSCHI \_\_\_\_\_  
Location: BJ'S RESTAURANT & BREWERY \_\_\_\_\_  
4270 N ORACLE RD \_\_\_\_\_  
TUCSON, AZ 85705-1632 \_\_\_\_\_  
Business Phone: (520)690-1900 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
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# 12104033 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 7/8/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: APRIL RISA HIRSCHI \_\_\_\_\_  
Location: BJ'S RESTAURANT & BREWHOUSE \_\_\_\_\_  
5510 E BROADWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)512-0330 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners,

partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_  
(Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**\*Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160571

WILLIAM CHEUNG  
HANA TOKYO LLC  
HANA TOKYO  
5435 S CALLE SANTA CRUZ # 185  
TUCSON AZ 85706

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104087 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/14/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: WILLIAM CHEUNG \_\_\_\_\_  
Location: HANA TOKYO \_\_\_\_\_  
5435 S CALLE SANTA CRUZ #185 \_\_\_\_\_  
TUCSON, AZ 85706 \_\_\_\_\_  
Business Phone: (520)807-2212 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160572

DAVID S HOFFMAN  
LIL ABNER'S STEAK HOUSE  
8500 N SILVERBELL RD  
TUCSON AZ 85743

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100099 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/13/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: \_\_\_\_\_  
Location: LIL ABNER'S STEAK HOUSE \_\_\_\_\_  
8500 N SILVERBELL RD \_\_\_\_\_  
TUCSON, AZ 85743 \_\_\_\_\_  
Business Phone: (520)744-2800 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160573

JUNTING LEI  
HIO ENTERPRISES INC  
RICE HOUSE  
1315 E. BENSON HWY  
TUCSON AZ 85714

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100143 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Inactive Status Date: 3/24/2016  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: JUNTING LEI \_\_\_\_\_  
Location: RICE HOUSE \_\_\_\_\_  
54 W CONGRESS ST \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)622-9557 \_\_\_\_\_

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# 12103865 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 10/24/2014  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: JUNTING LEI \_\_\_\_\_  
Location: CHINESE COMBO / KYO SUSHI \_\_\_\_\_  
1980 W ORANGE GROVE RD \_\_\_\_\_  
TUCSON, AZ 85704 \_\_\_\_\_  
Business Phone: (520)219-1645 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_  
(Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**\*Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160574

PAGE CHAMBERLIN  
PAGES NEW SADDLEHORN SALOON LLC  
SADDLEHORN SALOON  
8119 E KNOLLWOOD TR  
TUCSON AZ 85750

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100118 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 3/23/2004  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: PAGE CHAMBERLIN \_\_\_\_\_  
Location: SADDLEHORN SALOON \_\_\_\_\_  
6300 E TANQUE VERDE RD \_\_\_\_\_  
TUCSON, AZ 85715 \_\_\_\_\_  
Business Phone: (520)722-9253 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160575

THOMAS ROBERT AGUILERA  
LINDY'S DINER ON 4TH LLC  
LINDY'S DINER  
4554 E CAMP LOWELL DR  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103847 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/6/2008  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: LINDY'S DINER \_\_\_\_\_  
431 N 4TH AVE \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)207-6970 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160576

KEVIN ARNOLD KRAMBER  
BORDERLAND GOLF MANAGEMENT LLC  
CANOA HILLS GOLF COURSE  
536 E WAGON BLUFF DR  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100137 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Inactive Status Date: 7/30/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: CANOA HILLS GOLF COURSE \_\_\_\_\_  
1401 W CAMINO URBANO \_\_\_\_\_  
GREEN VALLEY, AZ 85614 \_\_\_\_\_  
Business Phone: (520)882-8313 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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# 06100242 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 6/26/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: GOLF CLUB AT SAN IGNACIO \_\_\_\_\_  
4201 S CAMINO DEL SOL \_\_\_\_\_  
GREEN VALLEY, AZ 85614 \_\_\_\_\_  
Business Phone: (520)822-8313 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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**

RI160577

THOMAS ROBERT AGUILERA  
INTERIM LLC  
SKYBAR  
4554 E CAMP LOWELL DR  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100092 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/30/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: SKYBAR \_\_\_\_\_  
536 N 4TH AVE \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)622-4300 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 35.00  
Total: 250.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_ 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**

RI160578

ANASTASIOS DEMETRIOS GEORGELOS  
THREE POINTS RESTAURANT LLC  
THREE POINTS RESTAURANT  
9470 S SASABE ROAD  
TUCSON AZ 85735

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100173 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/20/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ANASTASIOS DEMETRIOS GEORGELOS \_\_\_\_\_  
Location: THREE POINTS RESTAURANT \_\_\_\_\_  
9470 S SASABE RD \_\_\_\_\_  
TUCSON, AZ 85735 \_\_\_\_\_  
Business Phone: (520)908-0880 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160579

THOMAS ROBERT AGUILERA  
OLD GENUINE HOSPITALITY LLC  
CORNERS ICE HOUSE  
4554 E CAMP LOWELL DR  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100039 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 4/2/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: CORNERS ICE HOUSE \_\_\_\_\_  
3750 S OLD SPANISH TRL \_\_\_\_\_  
TUCSON, AZ 85730 \_\_\_\_\_  
Business Phone: (520)886-2020 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160580

PRISCILLA STORM  
OLD TUCSON COMPANY  
OLD TUCSON CO  
201 S KINNEY RD  
TUCSON AZ 85735

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100230 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/11/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: PRISCILLA STORM \_\_\_\_\_  
Location: OLD TUCSON CO \_\_\_\_\_  
201 S KINNEY RD \_\_\_\_\_  
TUCSON, AZ 85735 \_\_\_\_\_  
Business Phone: (520)883-0100 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160581

ANA DANIELA PEREZ  
CARLOTA'S CATALINA LLC  
CARLOTA'S AUTHENTIC MEXICAN CUISINE  
15930 N ORACLE RD #116  
TUCSON AZ 85739

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103794 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 10/16/2012  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: ANA DANIELA PEREZ \_\_\_\_\_  
Location: CARLOTA'S AUTHENTIC MEXICAN CUISINE \_\_\_\_\_  
15930 N ORACLE RD #116 \_\_\_\_\_  
TUCSON, AZ 85739 \_\_\_\_\_  
Business Phone: (520)825-7530 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160582

HEINZ VON TRAUNSTEIN  
LAZY V BAR  
2822-32 W ALVARO RD  
TUCSON AZ 85746

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100210 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/19/1999  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: \_\_\_\_\_  
Location: LAZY V BAR \_\_\_\_\_  
2812 W ALVARO RD \_\_\_\_\_  
TUCSON, AZ 85746 \_\_\_\_\_  
Business Phone: (520)578-0202 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160583

WILLIAM DOUGLAS BENZ  
OTG MANAGEMENT TUCSON LLC  
TUCSON INTERNATIONAL AIRPORT  
335 W BUTLER AVE #120  
CHALFONT PA 18914

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100221 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 9/18/2006  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: WILLIAM DOUGLAS BENZ \_\_\_\_\_  
Location: TUCSON INTERNATIONAL AIRPORT \_\_\_\_\_  
7250 S TUCSON BLVD #224 \_\_\_\_\_  
TUCSON, AZ 85706 \_\_\_\_\_  
Business Phone: (520)918-0503 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160584

JENNIFER MARIE LORRAINE  
LORRAINE ENTERPRISES LLC  
CHICAGO BAR  
5954 E SPEEDWAY BLVD  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100252 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 4/6/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JENNIFER MARIE LORRAINE \_\_\_\_\_  
Location: CHICAGO BAR \_\_\_\_\_  
5954 E SPEEDWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)748-8169 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160585

ANTHONY ROCCO DIGRAZIA  
MORGUL ENTERPRISES INC  
ROCCO'S LITTLE CHICAGO  
1503 E 12TH ST  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103245 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/13/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ANTHONY ROCCO DIGRAZIA \_\_\_\_\_  
Location: ROCCO'S LITTLE CHICAGO \_\_\_\_\_  
2707 E BROADWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: (520)321-1770 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160586

WILLIAM BAZIL  
BAZIL'S INC  
BAZIL'S  
5620 PASEO CIMARRON  
TUCSON AZ 85750

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12101066 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/8/1997  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: WILLIAM BAZIL \_\_\_\_\_  
Location: BAZIL'S \_\_\_\_\_  
4777 SUNRISE DR STE 119 & 125 \_\_\_\_\_  
TUCSON, AZ 85718 \_\_\_\_\_  
Business Phone: (520)577-3322 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

- 1) \_\_\_\_\_  
Name Street City County Zip
- 2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160587

KEVIN ARNOLD KRAMBER  
TUCSON PROPERTY HOLDINGS LLC  
TUCSON EXPO CENTER  
536 E WAGON BLUFF DR  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100266 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/9/2007  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: TUCSON EXPO CENTER \_\_\_\_\_  
3750 E IRVINGTON RD \_\_\_\_\_  
TUCSON, AZ 85706 \_\_\_\_\_  
Business Phone: (520)750-8000 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160588

GILBERT MOLINA, JR.  
CASA MOLINA DEL NORTE RESTAURANT INC  
CASA MOLINA  
3001 N CAMPBELL  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12101113 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/5/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: GILBERT MOLINA, JR. \_\_\_\_\_  
Location: CASA MOLINA \_\_\_\_\_  
3001 N CAMPBELL AVE \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)795-7593 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160589

ALFONSO ORTEGA MATIAS  
TERESA'S MOSAIC CAFE  
2456 N SILVER MOSAIC RD  
TUCSON AZ 85745

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103140 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 8/27/1997  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: \_\_\_\_\_  
Location: TERESA'S MOSAIC CAFE \_\_\_\_\_  
2456 N SILVER MOSAIC RD \_\_\_\_\_  
TUCSON, AZ 85745 \_\_\_\_\_  
Business Phone: (520)624-4512 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160590

YONGSOO SEO  
YSVALLE INC  
LA PLACITA CAFE  
2950 N SWAN RD #131  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103652 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 4/28/2005  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: YONGSOO SEO \_\_\_\_\_  
Location: LA PLACITA CAFE \_\_\_\_\_  
2950 N SWAN RD #131 \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)881-1150 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160591

MING SAN DOE  
K & M GOLDEN HOUSE LLC  
GOLDEN HOUSE CHINESE FAST FOOD  
9431 E 22ND ST #127  
TUCSON AZ 85710

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104316 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/26/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: MING SAN DOE \_\_\_\_\_  
Location: GOLDEN HOUSE CHINESE FAST FOOD \_\_\_\_\_  
9431 E 22ND ST #127 \_\_\_\_\_  
TUCSON, AZ 85710 \_\_\_\_\_  
Business Phone: (520)886-0918 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160592

AMY S NATIONS  
CARRABBA'S ITALIAN GRILL LLC  
CARRABBA'S ITALIAN GRILL #5307  
P O BOX 2502  
CHANDLER AZ 85244-2502

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104092 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 3/24/2011  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: AMY S NATIONS \_\_\_\_\_  
Location: CARRABBA'S ITALIAN GRILL #5307 \_\_\_\_\_  
7635 N ORACLE RD \_\_\_\_\_  
ORO VALLEY, AZ 85737 \_\_\_\_\_  
Business Phone: (520)742-7442 \_\_\_\_\_  
% 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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160593

NICHOLAS CARL GUTTILLA  
HEAVLIN MANAGEMENT COMPANY LLC  
HILTON TUCSON EAST HOTEL  
5415 E HIGH ST # 200  
C/O GUTTILLA MURPHY ANDERSON  
PHOENIX AZ 85054

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 11103099 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 8/4/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: NICHOLAS CARL GUTTILLA \_\_\_\_\_  
Location: HILTON TUCSON EAST HOTEL \_\_\_\_\_  
7600 E BROADWAY \_\_\_\_\_  
TUCSON, AZ 85710 \_\_\_\_\_  
Business Phone: (520)721-5624 \_\_\_\_\_  
% 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 \_\_\_\_\_ 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**

RI160594

KIM CHU  
AZIAN CORPORATION  
AZIAN  
15 N ALVERNON WAY  
TUCSON AZ 85711

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104130 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/20/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KIM CHU \_\_\_\_\_  
Location: AZIAN \_\_\_\_\_  
15 N ALVERNON WAY \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)777-8311 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160595

HYO CHUL HWANG  
SUSHI TEN JAPANESE RESTAURANT  
4500 E SPEEDWAY BLVD #1  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100102 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 6/16/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: \_\_\_\_\_  
Location: SUSHI TEN JAPANESE RESTAURANT \_\_\_\_\_  
4500 E SPEEDWAY BLVD #1 \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)324-0010 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160596

KEVIN JOHN KELLY  
N & D RESTAURANTS LLC  
OLIVE GARDEN ITALIAN RESTAURANT #95  
P O BOX 695016  
ORLANDO FL 32869

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103938 Renew?  Yes  No  
Status: Active Status Date: 4/1/2009  
License Inactive?  Yes  No Changes:(may require additional Filing)  
Agent: KEVIN JOHN KELLY \_\_\_\_\_  
Location: OLIVE GARDEN ITALIAN RESTAURANT #95 \_\_\_\_\_  
300 W WETMORE RD \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)292-1077 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
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# 12103939 Renew?  Yes  No  
Status: Active Status Date: 4/1/2009  
License Inactive?  Yes  No Changes:(may require additional Filing)  
Agent: KEVIN JOHN KELLY \_\_\_\_\_  
Location: OLIVE GARDEN RESTAURANT #1622 \_\_\_\_\_  
1213 W IRVINGTON RD \_\_\_\_\_  
TUCSON, AZ 85714 \_\_\_\_\_  
Business Phone: (520)434-0789 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
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# 12103940 Renew?  Yes  No  
Status: Active Status Date: 4/1/2009  
License Inactive?  Yes  No Changes:(may require additional Filing)  
Agent: KEVIN JOHN KELLY \_\_\_\_\_  
Location: OLIVE GARDEN ITALIAN RESTAURANT #1219 \_\_\_\_\_  
5410 E BROADWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)790-5787 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: ( ) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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**

RI160597

ARTHUR THOMAS OWENS  
BUDDY'S GRILL EAST LLC  
BUDDY'S GRILL  
7385 S HOUGHTON RD #125,124, &  
1/2 OF 123  
TUCSON AZ 85747

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103884 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 7/15/2008  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: ARTHUR THOMAS OWENS \_\_\_\_\_  
Location: BUDDY'S GRILL \_\_\_\_\_  
7385 S HOUGHTON RD #125 124 1/2 OF 123 \_\_\_\_\_  
TUCSON, AZ 85747 \_\_\_\_\_  
Business Phone: (520)881-2226 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160598

ERNESTO RASCON  
GAMEZ RASCON INVESTMENTS INC  
RESTAURANT SINALOA  
1020 W PRINCE RD  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104062 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/26/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ERNESTO RASCON \_\_\_\_\_  
Location: RESTAURANT SINALOA \_\_\_\_\_  
1020 W PRINCE RD \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)887-1161 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160599

BENJAMIN L GALAZ  
GALAZ ENTERPRISES INC  
BK CARNE ASADA & HOTDOGS  
5118 S 12TH AVE  
TUCSON AZ 85706

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104322 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/13/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: BENJAMIN L GALAZ \_\_\_\_\_  
Location: BK CARNE ASADA & HOTDOGS \_\_\_\_\_  
2680 N 1ST AVE \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)207-2245 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
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# 12104393 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/28/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: BENJAMIN L GALAZ \_\_\_\_\_  
Location: BK CARNE ASADA & HOT DOGS \_\_\_\_\_  
5118 S 12TH AVE \_\_\_\_\_  
TUCSON, AZ 85706 \_\_\_\_\_  
Business Phone: (520)295-0105 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners,

partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_  
(Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**\*Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160600

ANDREA DAHLMAN LEWKOWITZ  
TUCSON PB LLC  
PIZZERIA BIANCO  
2600 N CENTRAL AVE #1775  
PHOENIX AZ 85004

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104280 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 4/25/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ANDREA DAHLMAN LEWKOWITZ \_\_\_\_\_  
Location: PIZZERIA BIANCO \_\_\_\_\_  
268 E CONGRESS ST \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)838-0818 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160601

WARREN F COVERT  
BEER NEAR LLC  
BREW OF A SPORTS GRILL  
1118-20 E 6TH ST  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104366 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 7/9/2015  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: WARREN F COVERT \_\_\_\_\_  
Location: BREW OF A SPORTS GRILL \_\_\_\_\_  
1118-20 E 6TH ST \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)344-8338 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160602

TRACY WEST FRONIMAKIS  
FRONIMO'S INC  
FRONIMO'S GREEK CAFE  
3242 E SPEEDWAY BLVD  
TUCSON AZ 85716

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103555 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/5/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: TRACY WEST FRONIMAKIS \_\_\_\_\_  
Location: FRONIMO'S GREEK CAFE \_\_\_\_\_  
3242 E SPEEDWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: (520)327-8321 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160603

THERESA JUNE MORSE  
 DAAAVV LLC  
 BIANCHI'S ITALIAN  
 530 E MCDOWELL RD STE 107-241  
 PHOENIX AZ 85004

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
 A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104365 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 6/3/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THERESA JUNE MORSE \_\_\_\_\_  
Location: BIANCHI'S ITALIAN \_\_\_\_\_  
3620 W TANGERINE RD \_\_\_\_\_  
MARANA, AZ 85742 \_\_\_\_\_  
Business Phone: (520)579-8118 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160604

MARIA I DUARTE  
EL SINALOA CAFE & BAR  
432 E MICHIGAN  
TUCSON AZ 85713

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100158 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Inactive Status Date: 1/10/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: \_\_\_\_\_  
Location: EL SINALOA CAFE & BAR \_\_\_\_\_  
432 E MICHIGAN \_\_\_\_\_  
TUCSON, AZ 85714 \_\_\_\_\_  
Business Phone: (520)358-6461 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160605

JOANNE KAREN FEINSTEIN  
PF CHANG'S CHINA BISTRO INC  
PF CHANG'S CHINA BISTRO  
7676 E PINNACLE PEAK RD  
SCOTTSDALE AZ 85255

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103297 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/27/1999  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JOANNE KAREN FEINSTEIN \_\_\_\_\_  
Location: PF CHANG'S CHINA BISTRO \_\_\_\_\_  
1805 E RIVER RD STE 101 \_\_\_\_\_  
TUCSON, AZ 85718 \_\_\_\_\_  
Business Phone: (520)615-8788 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160606

DAVID R MOWERY  
PASTA & GARLIC LLC  
MAMA LOUISA'S ON HOUGHTON  
7545 S HOUGHTON RD #185  
TUCSON AZ 85747

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104339 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/18/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: DAVID R MOWERY \_\_\_\_\_  
Location: MAMA LOUISA'S ON HOUGHTON \_\_\_\_\_  
7545 S HOUGHTON RD STE 185 \_\_\_\_\_  
TUCSON, AZ 85747 \_\_\_\_\_  
Business Phone: (520)269-7622 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160607

MICHAEL GORDON PAVON  
G & A RESTAURANT INC  
LOOKS BAR & GRILL  
2000 N ORACLE RD  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100135 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 3/26/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MICHAEL GORDON PAVON \_\_\_\_\_  
Location: LOOKS BAR & GRILL \_\_\_\_\_  
2000 N ORACLE RD \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)207-9747 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160608

SATYE SINGH BHATI  
YOGI'S INDIAN CAFE & MARKET LLC  
YOGI'S INDIAN CAFE & MARKET  
2537 N STONE AVE  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104298 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/7/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: SATYE SINGH BHATI \_\_\_\_\_  
Location: YOGI'S INDIAN CAFE & MARKET \_\_\_\_\_  
2537 N STONE AVE \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)303-3525 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160609

H J LEWKOWITZ  
ROUTE 46 MANAGEMENT ASSOCIATES CORPORATION  
HYATT PLACE  
2600 N CENTRAL AVE STE 1775  
PHOENIX AZ 85004

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100031 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 6/1/2007  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: H J LEWKOWITZ \_\_\_\_\_  
Location: HYATT PLACE \_\_\_\_\_  
6885 S TUCSON BLVD \_\_\_\_\_  
TUCSON, AZ 85706 \_\_\_\_\_  
Business Phone: (520)295-0405 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160610

THOMAS ROBERT AGUILERA  
BP TUCSON LLC  
BOSTON'S THE GOURMET PIZZA  
4554 E CAMP LOWELL DR  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103898 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/9/2008  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: BOSTON'S THE GOURMET PIZZA \_\_\_\_\_  
5825 W ARIZONA PAVILLIONS DR \_\_\_\_\_  
MARANA, AZ 85653 \_\_\_\_\_  
Business Phone: (520)323-9752 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160611

CHARLES SP KIM  
DMJK INC  
KIMCHI TIME KOREAN RESTAURANT  
9550 E STELLA RD  
TUCSON AZ 85730

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104161 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 4/17/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: CHARLES SP KIM \_\_\_\_\_  
Location: KIMCHI TIME KOREAN RESTAURANT \_\_\_\_\_  
2900 E BROADWAY BLVD #186 \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160612

THOMAS ROBERT AGUILERA  
TUCSON WINGS III LLC  
WINGSTOP  
4554 E CAMP LOWELL DR  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104285 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 5/15/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: WINGSTOP \_\_\_\_\_  
3122 N CAMPBELL AVE #130 \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)795-9464 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160613

THOMAS ROBERT AGUILERA  
TUCSON WINGS V LLC  
WINGSTOP  
4554 E CAMP LOWELL DR  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104287 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 5/15/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: WINGSTOP \_\_\_\_\_  
1710 W VALENCIA RD #140 \_\_\_\_\_  
TUCSON, AZ 85746 \_\_\_\_\_  
Business Phone: (520)806-9464 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160614

THOMAS ROBERT AGUILERA  
POCO & MOMS II LLC  
POCO & MOMS II  
4554 E CAMP LOWELL  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104305 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/4/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: POCO & MOMS II \_\_\_\_\_  
7000 E TANQUE VERDE RD STE 4 & 34 \_\_\_\_\_  
TUCSON, AZ 85715 \_\_\_\_\_  
Business Phone: (520)296-9759 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160615

THOMAS ROBERT AGUILERA  
PIONIC PIZZA & PASTA LLC  
PIONIC PIZZA & PASTA  
4554 E CAMP LOWELL DR  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104314 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/24/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: PIONIC PIZZA & PASTA \_\_\_\_\_  
2643 N CAMPBELL AVE STE 105 \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)327-4992 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160616

KEVIN ARNOLD KRAMBER  
GUADALAJARA MEXICAN GRILL LLC  
GUADALAJARA MEXICAN GRILL  
536 E WAGON BLUFF DR  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104315 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/2/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: GUADALAJARA MEXICAN GRILL \_\_\_\_\_  
4901 E BROADWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)296-1199 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160617

ANDREA DAHLMAN LEWKOWITZ  
MOD SUPER FAST PIZZA LLC  
MOD PIZZA  
2600 N CENTRAL AVE #1775  
PHOENIX AZ 85004

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104409 Renew?  Yes  No  
Status: Active Status Date: 4/18/2016  
License Inactive?  Yes  No Changes:(may require additional Filing)  
Agent: ANDREA DAHLMAN LEWKOWITZ \_\_\_\_\_  
Location: MOD PIZZA \_\_\_\_\_  
6351 E BROADWAY BLVD STE #129 \_\_\_\_\_  
TUCSON, AZ 85710 \_\_\_\_\_  
Business Phone: (520)908-6494 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
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# 12104410 Renew?  Yes  No  
Status: Active Status Date: 4/18/2016  
License Inactive?  Yes  No Changes:(may require additional Filing)  
Agent: ANDREA DAHLMAN LEWKOWITZ \_\_\_\_\_  
Location: MOD PIZZA \_\_\_\_\_  
4386 N ORACLE RD #150 \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)448-5838 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
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# 12104436 Renew?  Yes  No  
Status: Active Status Date: 7/5/2016  
License Inactive?  Yes  No Changes:(may require additional Filing)  
Agent: ANDREA DAHLMAN LEWKOWITZ \_\_\_\_\_  
Location: MOD PIZZA \_\_\_\_\_  
10580 N ORACLE RD #150 \_\_\_\_\_  
ORO VALLEY, AZ 85737 \_\_\_\_\_  
Business Phone: (520)407-6870 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: ( ) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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**

RI160618

THOMAS ROBERT AGUILERA  
 RIALTO THEATER FOUNDATION INC  
 RIALTO THEATRE  
 4554 E CAMP LOWELL DR  
 TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
 A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----

License# 06100283 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Status: Active Status Date: 10/9/2009  
 License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
 Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
 Location: RIALTO THEATRE \_\_\_\_\_  
 318 E CONGRESS ST \_\_\_\_\_  
 TUCSON, AZ 85701 \_\_\_\_\_  
 Business Phone: (520)740-1000 \_\_\_\_\_

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
 Name Street City County Zip

2) \_\_\_\_\_  
 Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_ 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**

RI160619

RANDY D NATIONS  
QP BEVERAGE LLC  
QUARRY PINES GOLF CLUB  
P O BOX 2502  
CHANDLER AZ 85244

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100223 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 8/18/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: RANDY D NATIONS \_\_\_\_\_  
Location: QUARRY PINES GOLF CLUB \_\_\_\_\_  
8480 N CONTINENTAL DR \_\_\_\_\_  
MARANA, AZ 85743 \_\_\_\_\_  
Business Phone: (520)744-7443 \_\_\_\_\_

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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary



**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160620

KEVIN JOHN KELLY  
GMRI INC  
OLIVE GARDEN ITALIAN RESTAURANT #1754  
PO BOX 695016  
ORLANDO FL 32837

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103874 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 10/14/2008  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: KEVIN JOHN KELLY \_\_\_\_\_  
Location: OLIVE GARDEN ITALIAN RESTAURANT #1754\_\_\_\_\_  
11905 N ORACLE RD \_\_\_\_\_  
ORO VALLEY, AZ 85737 \_\_\_\_\_  
Business Phone: (520)544-3690 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160621

WESLEY RUDOLPH BECKER, JR.  
CACTUS BOWL INC  
CACTUS BOWL  
3665 S 16TH AVE  
TUCSON AZ 85713

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100015 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Inactive Status Date: 9/1/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: WESLEY RUDOLPH BECKER, JR. \_\_\_\_\_  
Location: CACTUS BOWL \_\_\_\_\_  
1630 S ALVERNON \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)327-6561 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160622

THOMAS ROBERT AGUILERA  
WILDER RESTAURANTS INC  
DOWNTOWN KITCHEN + COCKTAILS  
4554 E CAMP LOWELL DR  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104059 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/11/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: DOWNTOWN KITCHEN + COCKTAILS \_\_\_\_\_  
135 S 6TH AVE \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)615-6100 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160623

GIUSEPPE COSIMO ALI  
DAMIANO & ASSUNTA ALI INC  
MICHELANGELO RISTORANTE ITALIANO  
420 W MAGEE RD  
ORO VALLEY AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100081 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 10/19/2011  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: GIUSEPPE COSIMO ALI \_\_\_\_\_  
Location: MICHELANGELO RISTORANTE ITALIANO \_\_\_\_\_  
420 W MAGEE RD \_\_\_\_\_  
ORO VALLEY, AZ 85704 \_\_\_\_\_  
Business Phone: (520)297-5775 \_\_\_\_\_

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# 12101115 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 10/19/2011  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: ASSUNTA ALI \_\_\_\_\_  
Location: MICHELANGELO RISTORANTE ITALIANO \_\_\_\_\_  
420 W MAGEE RD \_\_\_\_\_  
ORO VALLEY, AZ 85704 \_\_\_\_\_  
Business Phone: (520)297-5775 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_  
(Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**\*Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160624

SUSAN T FULTON  
GOURMET GIRLS LLC  
GOURMET GIRLS GLUTEN FREE BAKERY/BISTRO  
5845 N ORACLE RD  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104318 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/6/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: SUSAN T FULTON \_\_\_\_\_  
Location: GOURMET GIRLS GLUTEN FREE BAKERY/BISTRO \_\_\_\_\_  
5845 N ORACLE RD \_\_\_\_\_  
TUCSON, AZ 85704 \_\_\_\_\_  
Business Phone: (520)408-9000 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160625

THOMAS ROBERT AGUILERA  
BARRIO BROTHERS LLC  
BATCH CAFE & BAR  
4544 E CAMP LOWELL DR  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100210 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 4/13/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: BATCH CAFE & BAR \_\_\_\_\_  
118 E CONGRESS \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)884-1800 \_\_\_\_\_

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

-----  
License# 12104411 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 4/13/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: BATCH CAFE & BAR \_\_\_\_\_  
118 E CONGRESS \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)884-1800 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_  
(Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**\*Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160626

WESLEY RUDOLPH BECKER, JR.  
LUCKY STRIKE LLC  
LUCKY STRIKE BOWL  
3665 S 16TH AVE  
TUCSON AZ 85713

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100018 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/4/1999  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: WESLEY RUDOLPH BECKER, JR. \_\_\_\_\_  
Location: LUCKY STRIKE BOWL \_\_\_\_\_  
4015 E SPEEDWAY RD \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)327-4926 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160627

THOMAS ROBERT AGUILERA  
CASA VIDEO INC  
CASA VIDEO  
4554 E CAMP LOWELL DR  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100264 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/19/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: CASA VIDEO \_\_\_\_\_  
2905 E SPEEDWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: (520)326-6314 \_\_\_\_\_

Renewal Fees:  
License Renewal: 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 \_\_\_\_\_ 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**

RI160628

MIU CHU LUK  
LA BELLA CHINA LLC  
LA BELLA CHINA RESTAURANT  
2134 S ROBERTO PL  
TUCSON AZ 85710

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103833 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 10/5/2011  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: MIU CHU LUK \_\_\_\_\_  
Location: LA BELLA CHINA RESTAURANT \_\_\_\_\_  
5680 S 12TH AVE \_\_\_\_\_  
TUCSON, AZ 85706 \_\_\_\_\_  
Business Phone: (520)434-2222 \_\_\_\_\_  
% 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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160629

RICHARD SCOTT TEEL  
RED LOBSTER HOSPITALITY LLC  
RED LOBSTER #869  
P O BOX 6508  
ATTN LICENSING  
ORLANDO FL 32802-6508

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104309 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 #869 \_\_\_\_\_  
5870 E BROADWAY BLVD STE E5 \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)519-1002 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
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# 12104310 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 #6354 \_\_\_\_\_  
5315 S CALLE SANTA CRUZ \_\_\_\_\_  
TUCSON, AZ 85706 \_\_\_\_\_  
Business Phone: (520)889-3536 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
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# 12104311 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 #6350 \_\_\_\_\_  
11695 NORTH ORACLE RD \_\_\_\_\_  
ORO VALLEY, AZ 85755 \_\_\_\_\_  
Business Phone: (520)544-7887 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
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# 12104312 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 #0369 \_\_\_\_\_

5061 N ORACLE RD \_\_\_\_\_  
TUCSON, AZ 85704 \_\_\_\_\_  
Business Phone: (520)293-9174 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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**

RI160630

STEVEN PAUL POSTMA  
OVCC LLC  
ORO VALLEY COUNTRY CLUB  
3030 LBJ FREEWAY STE# 600  
DALLAS TX 75234

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100229 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 3/16/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: STEVEN PAUL POSTMA \_\_\_\_\_  
Location: ORO VALLEY COUNTRY CLUB \_\_\_\_\_  
300 W GREENOCK DR \_\_\_\_\_  
ORO VALLEY, AZ 85737 \_\_\_\_\_  
Business Phone: (520)297-1121 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
ARS 4-209 K Sur-Charge: 35.00  
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 \_\_\_\_\_ 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**

RI160631

SCOTT BRADLEY MENCKE  
BOSS SWELL LLC  
FINI'S LANDING  
5689 N SWAN RD  
TUCSON AZ 85718

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104138 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/12/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: SCOTT BRADLEY MENCKE \_\_\_\_\_  
Location: FINI'S LANDING \_\_\_\_\_  
5689 N SWAN RD \_\_\_\_\_  
TUCSON, AZ 85718 \_\_\_\_\_  
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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160632

RICHARD ADAM SIEGLER  
SIEGLER ENTERPRISES LLC  
BISTRO 44  
5719 N VIA JOYITA  
TUCSON AZ 85750

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103805 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 5/3/2007  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: RICHARD ADAM SIEGLER \_\_\_\_\_  
Location: BISTRO 44 \_\_\_\_\_  
6761 E TANQUE VERDE RD # D \_\_\_\_\_  
TUCSON, AZ 85715 \_\_\_\_\_  
Business Phone: (520)298-2233 \_\_\_\_\_  
% 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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160633

HOCK CHUAN YAP  
EAST SCAN INC  
NEO OF MELAKA  
6133 E BROADWAY  
TUCSON AZ 85711

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12101001 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/11/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: HOCK CHUAN YAP \_\_\_\_\_  
Location: NEO OF MELAKA \_\_\_\_\_  
6133 E BROADWAY \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)747-7811 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160634

MARVIN JOHN GREEN  
APPLE SEVEN HOSPITALITY MANAGEMENT INC  
RESIDENCE INN TUCSON AIRPORT  
2660 E MEDINA RD  
TUCSON AZ 85756

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100279 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 5/28/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MARVIN JOHN GREEN \_\_\_\_\_  
Location: RESIDENCE INN TUCSON AIRPORT \_\_\_\_\_  
2660 E MEDINA RD \_\_\_\_\_  
TUCSON, AZ 85756 \_\_\_\_\_  
Business Phone: (520)294-5522 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160635

RUBEN ALEJANDRO VAZQUEZ ALVAREZ  
MR & ASSOCIATES LLC  
PANCHO VILLA MEXICAN CUISINE & CANTINA  
5422 S 12TH AVE #B  
TUCSON AZ 85706

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104372 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/8/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: RUBEN ALEJANDRO VAZQUEZ ALVAREZ \_\_\_\_\_  
Location: PANCHO VILLA MEXICAN CUISINE & CANTINA \_\_\_\_\_  
401 E 5TH ST \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)624-9297 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160636

LEOBARDO ESQUIVEL-LIRA  
LEO'S MEXICAN REST  
5114 E SPEEDWAY  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12101128 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/7/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: \_\_\_\_\_  
Location: LEO'S MEXICAN REST \_\_\_\_\_  
5114 E SPEEDWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)325-9180 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160637

KEVIN ARNOLD KRAMBER  
LEE & J HOSPITALITY INC  
HOTEL TUCSON CITY CENTER  
536 E WAGON BLUFF DR  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 11103095 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/12/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: HOTEL TUCSON CITY CENTER \_\_\_\_\_  
475 N GRANADA AVE \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)622-3000 \_\_\_\_\_  
% 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 \_\_\_\_\_ 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**

RI160638

MARTIN RAMIREZ GOMEZ  
LOS LOPEZ LLC  
EL RODEO MEXICAN FOOD  
99 W ESPERANZA RD  
GREEN VALLEY AZ 85614

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103382 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/18/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MARTIN RAMIREZ GOMEZ \_\_\_\_\_  
Location: EL RODEO MEXICAN FOOD \_\_\_\_\_  
99 W ESPERANZA BLVD \_\_\_\_\_  
GREEN VALLEY, AZ 85614 \_\_\_\_\_  
Business Phone: (520)625-2111 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160639

KEVIN ARNOLD KRAMBER  
CM THORNYDALE LLC  
CHUY'S MESQUITE BROILER  
536 E WAGON BLUFF DR  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104408 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 4/15/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: CHUY'S MESQUITE BROILER \_\_\_\_\_  
6741 N THORNYDALE DR # 117 & 121 \_\_\_\_\_  
TUCSON, AZ 85741 \_\_\_\_\_  
Business Phone: (520)579-3395 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160640

DANNY ROY THOMAS  
GOOD OAK BAR TUCSON LLC  
GOOD OAK BAR  
PO BOX 152  
FLAGSTAFF AZ 86002

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100074 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/1/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: DANNY ROY THOMAS \_\_\_\_\_  
Location: GOOD OAK BAR \_\_\_\_\_  
316 E CONGRESS ST \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)882-2007 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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# 07100045 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Inactive Status Date: 9/30/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: DANNY ROY THOMAS \_\_\_\_\_  
Location: GOOD OAK BAR \_\_\_\_\_  
316 E CONGRESS ST \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)882-2007 \_\_\_\_\_

Renewal Fees:  
License Renewal: 75.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 35.00  
Total: 175.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_  
(Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**\*Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160641

ERIC J GREENWALD  
LA COLONIA PIZZERIA INC  
GRIMALDI'S PIZZERIA  
15005 N NORTHSIGHT BLVD  
SCOTTSDALE AZ 85260

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103858 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/15/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: ERIC J GREENWALD \_\_\_\_\_  
Location: GRIMALDI'S PIZZERIA \_\_\_\_\_  
446 N CAMPBELL AVE #100 \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (480)947-7100 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160642

PHILIP JESSE GREEN, SR.  
OB SPORTS GOLF MANAGEMENT (AZ NATIONAL) LLC  
ARIZONA NATIONAL GOLF CLUB  
7025 E GREENWAY PKWY STE 550  
SCOTTSDALE AZ 85254

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100155 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/16/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: PHILIP JESSE GREEN, SR. \_\_\_\_\_  
Location: ARIZONA NATIONAL GOLF CLUB \_\_\_\_\_  
9777 E SABINO GREENS DR \_\_\_\_\_  
TUCSON, AZ 85749 \_\_\_\_\_  
Business Phone: (520)749-3636 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary



**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160643

HEATHER RENE CLAUSER  
OINK TUCSON LLC  
OINK CAFE BREAKFAST LUNCH BACON  
5925 E BROADWAY BLVD #125  
TUCSON AZ 85711

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104354 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 5/1/2015  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: HEATHER RENE CLAUSER \_\_\_\_\_  
Location: OINK CAFE BREAKFAST LUNCH BACON \_\_\_\_\_  
7131 E BROADWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85710 \_\_\_\_\_  
Business Phone: (520)296-0231 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip  
2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160644

JONI SUE CONDIT  
LA POSADA AT PARK CENTRE INC  
LA POSADA AT PARK CENTRE  
350 E MORNINGSIDE RD  
GREEN VALLEY AZ 85614

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104196 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/14/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JONI SUE CONDIT \_\_\_\_\_  
Location: LA POSADA AT PARK CENTRE \_\_\_\_\_  
730 S LA POSADA CIR #CT \_\_\_\_\_  
GREEN VALLEY, AZ 85614 \_\_\_\_\_  
Business Phone: (520)393-6500 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160645

NHAN THANH LE  
ASIAN SKY RESTAURANT  
15980 S RANCHO BLVD #140  
SAHUARITA AZ 85629

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104044 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 8/13/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: \_\_\_\_\_  
Location: ASIAN SKY RESTAURANT \_\_\_\_\_  
15980 S RANCHO SAHUARITA BLVD #140 \_\_\_\_\_  
SAHUARITA, AZ 85629 \_\_\_\_\_  
Business Phone: (520)305-4345 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160646

ALLEN CHUN HUA LU  
L & W CHINA BAMBOO LLC  
CHINA BAMBOO  
6910 E TANQUE VERDE RD  
TUCSON AZ 85715

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104435 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 7/12/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: ALLEN CHUN HUA LU \_\_\_\_\_  
Location: CHINA BAMBOO \_\_\_\_\_  
6910 E TANQUE VERDE RD \_\_\_\_\_  
TUCSON, AZ 85715 \_\_\_\_\_  
Business Phone: (520)396-3999 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160647

SHANE LUCIFER EPLETT  
THIRSTY'S NEIGHBORHOOD GRILL LLC  
THIRSTY'S NEIGHBORHOOD GRILL  
2422 N PANTANO RD  
TUCSON AZ 85715

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103004 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/7/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: SHANE LUCIFER EPLETT \_\_\_\_\_  
Location: THIRSTY'S NEIGHBORHOOD GRILL \_\_\_\_\_  
2422 N PANTANO RD \_\_\_\_\_  
TUCSON, AZ 85715 \_\_\_\_\_  
Business Phone: (520)885-6585 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160648

MONIKA D GLOWACKA MUSIAL  
POLISKA LLC  
POLISH COTTAGE  
4520 E BROADWAY BLVD  
TUCSON AZ 85711

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104102 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/6/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MONIKA D GLOWACKA MUSIAL \_\_\_\_\_  
Location: POLISH COTTAGE \_\_\_\_\_  
4520 E BROADWAY \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)777-5407 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

- 1) \_\_\_\_\_  
Name Street City County Zip
- 2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160649

DOUGLAS FRANK KOCH  
QK INC  
DENNY'S #6742  
101 E HOPI DR  
HOLBROOK AZ 86025

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103151 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/11/2005  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: DOUGLAS FRANK KOCH \_\_\_\_\_  
Location: DENNY'S #6742 \_\_\_\_\_  
18875 S I-19 FRONTAGE RD \_\_\_\_\_  
GREEN VALLEY, AZ 85614 \_\_\_\_\_  
Business Phone: (520)648-6162 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
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# 12103152 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/11/2005  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: DOUGLAS FRANK KOCH \_\_\_\_\_  
Location: DENNY'S #6743 \_\_\_\_\_  
3702 E IRVINGTON RD \_\_\_\_\_  
TUCSON, AZ 85714 \_\_\_\_\_  
Business Phone: (520)745-2099 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners,

partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_  
(Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**\*Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160650

RANDY D NATIONS  
PUBLIC HOUSE TUCSON LLC  
WORLD OF BEER  
P O BOX 2502  
CHANDLER AZ 85244

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100166 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/9/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: RANDY D NATIONS \_\_\_\_\_  
Location: WORLD OF BEER \_\_\_\_\_  
350 E CONGRESS ST #A \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)398-5130 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160651

PAUL ADOLPH ALLEN, SR.  
RUBEN & CANDY INC  
LA HACIENDA # 10  
11931 N 1 AVE STE 104  
ORO VALLEY AZ 85737

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104270 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/4/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: PAUL ADOLPH ALLEN, SR. \_\_\_\_\_  
Location: LA HACIENDA # 10 \_\_\_\_\_  
11931 N 1 AVE STE 104 \_\_\_\_\_  
ORO VALLEY, AZ 85737 \_\_\_\_\_  
Business Phone: (520)297-1695 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160652

RICKY LYNN RIDDLE  
BEAR TRACK INC  
BEAR TRACK U  
5675 N CAMINO ESPLENDORA #6136  
TUCSON AZ 85718

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100203 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/25/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: RICKY LYNN RIDDLE \_\_\_\_\_  
Location: BEAR TRACK U \_\_\_\_\_  
943 E UNIVERSITY BLVD #101 \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)269-0178 \_\_\_\_\_

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# 12104375 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/5/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: RICKY LYNN RIDDLE \_\_\_\_\_  
Location: BEAR TRACK U \_\_\_\_\_  
943 E UNIVERSITY BLVD #101 \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)269-0178 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_  
(Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**\*Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160653

GEORGE IRA ATWELL  
QUAIL CREEK COUNTRY CLUB PROPERTY OWNERS ASSOCIATION  
QUAIL CREEK COUNTRY CLUB  
1490 N QUAIL RANGE LOOP  
GREEN VALLEY AZ 85614

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100162 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/14/2001  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: GEORGE IRA ATWELL \_\_\_\_\_  
Location: QUAIL CREEK COUNTRY CLUB \_\_\_\_\_  
1490 N QUAIL RANGE LOOP \_\_\_\_\_  
GREEN VALLEY, AZ 85614 \_\_\_\_\_  
Business Phone: (520)393-5813 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160654

YEON SUK CHOI  
SEOUL KITCHEN CORPORATION  
SEOUL KITCHEN KOREAN BBQ  
4951 E GRANT RD #115  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103990 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/1/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: YEON SUK CHOI \_\_\_\_\_  
Location: SEOUL KITCHEN KOREAN BBQ \_\_\_\_\_  
4951 E GRANT RD #115 \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)881-7777 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160655

MARIA ADELMA CASTRO  
MARISCOS CHIHUAHUA  
2902 E 22ND ST  
TUCSON AZ 85713

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103136 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/25/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: \_\_\_\_\_  
Location: MARISCOS CHIHUAHUA \_\_\_\_\_  
2902 E 22ND ST \_\_\_\_\_  
TUCSON, AZ 85713 \_\_\_\_\_  
Business Phone: (520)326-1529 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160656

JAMES O GUENDELSBERGER  
DADDY JIM'S INC  
LIQUOR BARREL SALOON  
6925 E BROADWAY  
TUCSON AZ 85710

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100083 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/7/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JAMES O GUENDELSBERGER \_\_\_\_\_  
Location: LIQUOR BARREL SALOON \_\_\_\_\_  
6925 E BROADWAY \_\_\_\_\_  
TUCSON, AZ 85710 \_\_\_\_\_  
Business Phone: (520)886-8118 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160657

ERIC JONATHAN LEPIE  
ERIC'S ICE CREAM #2 INC  
1702  
2717 N MAGNOLIA  
TUCSON AZ 85750

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100295 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/7/2007  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ERIC JONATHAN LEPIE \_\_\_\_\_  
Location: 1702 \_\_\_\_\_  
1702 E SPEEDWAY \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)325-1702 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160658

KEVIN ARNOLD KRAMBER  
FRED'S GRILL LLC  
STADIUM GRILL  
536 E WAGON BLUFF DR  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104302 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/2/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: STADIUM GRILL \_\_\_\_\_  
3682 W ORANGE GROVE RD STE 146 \_\_\_\_\_  
TUCSON, AZ 85741 \_\_\_\_\_  
Business Phone: (520)877-8100 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160659

KEVIN ARNOLD KRAMBER  
HSL HOTEL OPPORTUNITY FUND III LLC  
RADISSON SUITES TUCSON  
536 E WAGON BLUFF DR  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 11103097 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 4/15/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: RADISSON SUITES TUCSON \_\_\_\_\_  
6555 E SPEEDWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85710 \_\_\_\_\_  
Business Phone: (520)721-7100 \_\_\_\_\_  
% 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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary



**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160660

KIMBERLY R SCANLAN  
SAGUARO SKY LLC  
BAJA CAFE  
7002 E BROADWAY BLVD  
STE A&B  
TUCSON AZ 85710

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104330 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/12/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KIMBERLY R SCANLAN \_\_\_\_\_  
Location: BAJA CAFE \_\_\_\_\_  
7002 E BROADWAY BLVD STE A&B \_\_\_\_\_  
TUCSON, AZ 85710 \_\_\_\_\_  
Business Phone: (520)495-4772 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160661

FRED YIU FAT YU  
EAST GOURMET BISTRO LLC  
DOVE M GOURMET BISTRO  
5018 W TRIANGLE LEAF CT  
TUCSON AZ 85741

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104402 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 5/25/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: FRED YIU FAT YU \_\_\_\_\_  
Location: DOVE M GOURMET BISTRO \_\_\_\_\_  
12090 N THORNYDALE RD STE 112 \_\_\_\_\_  
MARANA, AZ 85758 \_\_\_\_\_  
Business Phone: (520)638-8976 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160662

BRADFORD S HULTQUIST  
BMC CO INC  
EL TORERO RESTAURANT  
2005 E BROADWAY  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100114 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/14/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: BRADFORD S HULTQUIST \_\_\_\_\_  
Location: EL TORERO RESTAURANT \_\_\_\_\_  
231 E 26TH ST \_\_\_\_\_  
SOUTH TUCSON, AZ 85713 \_\_\_\_\_  
Business Phone: (520)622-9534 \_\_\_\_\_

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# 07100115 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/14/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: CARMEN M HULTQUIST \_\_\_\_\_  
Location: LERUA'S FOODS \_\_\_\_\_  
2005 E BROADWAY \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)624-0322 \_\_\_\_\_

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**

RI160663

SUSAN E COMPTON  
BAY HORSE TAVERN INC  
BAY HORSE TAVERN  
2802 E GRANT RD  
TUCSON AZ 85716

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100052 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/6/1989  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: SUSAN E COMPTON \_\_\_\_\_  
Location: BAY HORSE TAVERN \_\_\_\_\_  
2802 E GRANT RD \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: (520)326-8554 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160664

KEITH MICHAEL MC NESBY  
WHY CAN'T WE BE FRIENDS LLC  
MCNESBYS EAST COAST SUPER SUBS  
187 N PARK AVE  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100077 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/8/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEITH MICHAEL MC NESBY \_\_\_\_\_  
Location: MCNESBYS EAST COAST SUPER SUBS \_\_\_\_\_  
187 N PARK AVE \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)882-4005 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160665

TRAVIS JAMES REESE  
FLOWERS GROUP UNLIMITED LLC  
47 SCOTT  
47 N SCOTT AVE  
TUCSON AZ 85701

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104025 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 4/27/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: TRAVIS JAMES REESE \_\_\_\_\_  
Location: 47 SCOTT \_\_\_\_\_  
47 N SCOTT AVE \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)624-4747 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160666

ROBERT STEPHEN DARCANGELO  
NINE PIECES OF EIGHT LLC  
DAKOTA CAFE & CATERING CO  
6541 E TANQUE VERDE RD #7  
TUCSON AZ 85715

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104134 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/23/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ROBERT STEPHEN DARCANGELO \_\_\_\_\_  
Location: DAKOTA CAFE & CATERING CO \_\_\_\_\_  
6541 E TANQUE VERDE RD \_\_\_\_\_  
TUCSON, AZ 85715 \_\_\_\_\_  
Business Phone: (520)298-7188 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160667

THOMAS ROBERT AGUILERA  
MCSPORTS LLC  
RJ'S REPLAYS  
4554 E CAMP LOWELL DR  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100026 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 6/16/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: RJ'S REPLAYS \_\_\_\_\_  
5769 E SPEEDWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)495-5084 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160668

JAVIER RAMOS MORA  
TG INA TUCSON LLC  
TACO GIRO MEXICAN GRILL  
4140 W INA RD STE 180  
TUCSON AZ 85741

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104269 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 4/16/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: JAVIER RAMOS MORA \_\_\_\_\_  
Location: TACO GIRO MEXICAN GRILL \_\_\_\_\_  
4140 W INA RD STE 180 \_\_\_\_\_  
TUCSON, AZ 85741 \_\_\_\_\_  
Business Phone: (520)812-7279 \_\_\_\_\_  
% 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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160669

ANDREA DAHLMAN LEWKOWITZ  
LUBY'S FUDDRUCKERS RESTAURANT LLC  
FUDDRUCKERS  
2600 N CENTRAL AVE STE 1775  
PHOENIX AZ 85004

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104072 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/27/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: ANDREA DAHLMAN LEWKOWITZ \_\_\_\_\_  
Location: FUDDRUCKERS \_\_\_\_\_  
6118 E SPEEDWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)326-1009 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160670

MICHAEL J MALLOZZI  
BORDERLANDS BREWING COMPANY INC  
BORDERLANDS BREWING COMPANY  
119 E TOOLE AVE  
TUCSON AZ 85701

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100297 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 8/7/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MICHAEL J MALLOZZI \_\_\_\_\_  
Location: BORDERLANDS BREWING COMPANY \_\_\_\_\_  
119 E TOOLE AVE \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)261-8773 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160671

ADALBERTO M VASQUEZ  
VASQUEZ JUBILEE LLC  
EL SAGUARITO MEXICAN FOOD  
1763 E PRINCE RD  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104110 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/16/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ADALBERTO M VASQUEZ \_\_\_\_\_  
Location: EL SAGUARITO MEXICAN FOOD \_\_\_\_\_  
1763 E PRINCE RD \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)297-1264 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160672

JOHN MICHAEL KNAPP  
RARE HOSPITALITY MANAGEMENT LLC  
LONGHORN STEAKHOUSE #5529  
P O BOX 695016  
ORLANDO FL 32869

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104277 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 4/4/2014  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: JOHN MICHAEL KNAPP \_\_\_\_\_  
Location: LONGHORN STEAKHOUSE #5529 \_\_\_\_\_  
5725 E BROADWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)745-0391 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
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# 12104356 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 4/30/2015  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: JOHN MICHAEL KNAPP \_\_\_\_\_  
Location: LONGHORN STEAKHOUSE #5554 \_\_\_\_\_  
4421 N ORACLE RD \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)293-4942 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners,

partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_  
(Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**\*Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160673

THERESA B KEELEY  
 RAKA HOSPITALITY TUCSON LLC  
 RADISSON HOTEL TUCSON AIRPORT  
 7920 E THOMPSON PEAK PKWY #150  
 SCOTTSDALE AZ 85255

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
 A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 11103089 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 5/27/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THERESA B KEELEY \_\_\_\_\_  
Location: RADISSON HOTEL TUCSON AIRPORT \_\_\_\_\_  
4550 S PALO VERDE RD \_\_\_\_\_  
TUCSON, AZ 85714 \_\_\_\_\_  
Business Phone: (520)746-1161 \_\_\_\_\_  
% 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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary



**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160674

DORIAN RAY LENZ  
BLUE MAGOO LLC  
CHEBA HUT  
1820 E 6TH ST  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104386 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/28/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: DORIAN RAY LENZ \_\_\_\_\_  
Location: CHEBA HUT \_\_\_\_\_  
1820 E 6TH ST \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)495-4719 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160675

LILI HUANG  
SKY DRAGON LLC  
SKY DRAGON  
3607 N CAMPBELL AVE  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104397 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 6/23/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: LILI HUANG \_\_\_\_\_  
Location: SKY DRAGON \_\_\_\_\_  
3607 N CAMPBELL AVE \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)838-0688 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160676

HIEN TRONG MA  
MISS SAIGON LIMITED LIABILITY COMPANY  
MISS SAIGON RESTAURANT  
1072 N CAMPBELL AVE  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100027 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/8/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: HIEN TRONG MA \_\_\_\_\_  
Location: MISS SAIGON RESTAURANT \_\_\_\_\_  
1072 N CAMPBELL AVE \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)320-9511 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160677

JONATHAN J MAYO  
BRODIE'S TAVERN LLC  
BRODIE'S TAVERN  
P O BOX 30695  
TUCSON AZ 85751

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100090 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/2/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JONATHAN J MAYO \_\_\_\_\_  
Location: BRODIE'S TAVERN \_\_\_\_\_  
2449 N STONE AVE \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)622-0447 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160678

THOMAS ROBERT AGUILERA  
WHITEFEATHER VENTURES LLC  
VENOM  
4554 E CAMP LOWELL  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100192 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 2/8/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: VENOM \_\_\_\_\_  
1104 S CRAYCROFT RD \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)777-4628 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160679

THOMAS ROBERT AGUILERA  
MERCY GALLERY LLC  
MERCY GALLERY  
4554 E CAMP LOWELL DR  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100234 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/19/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: MERCI GALLERY \_\_\_\_\_  
630 E 9TH ST \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)623-2114 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160680

KEVIN ARNOLD KRAMBER  
HEAT II LLC  
LO ESENCIAL  
536 E WAGON BLUFF DR  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100154 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/1/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: LO ESENCIAL \_\_\_\_\_  
12130 N DOVE MOUNTAIN BLVD #194 \_\_\_\_\_  
MARANA, AZ 85658 \_\_\_\_\_  
Business Phone: (520)577-6210 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160681

DARRYL K WONG  
LOTUS GARDEN INC  
LOTUS GARDEN CHINESE RESTAURANT  
5975 E SPEEDWAY  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100258 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/1/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: DARRYL K WONG \_\_\_\_\_  
Location: LOTUS GARDEN CHINESE RESTAURANT \_\_\_\_\_  
5975 E SPEEDWAY \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)298-3351 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160682

JAVIER ANDRES TERAN  
NANA'S KITCHEN LLC  
NANA'S KITCHEN  
6541 W HARBIN RIDGE WAY  
TUCSON AZ 85757

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103901 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/6/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JAVIER ANDRES TERAN \_\_\_\_\_  
Location: NANA'S KITCHEN \_\_\_\_\_  
8225 N COURTNEY PAGE WAY #129 \_\_\_\_\_  
MARANA, AZ 85743 \_\_\_\_\_  
Business Phone: (520)395-2508 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160683

CHRISTINA AN  
MR AN'S TEPPAN STEAK SEAFOOD SUSHI BAR LLC  
MR AN'S TEPPAN STEAK & SEAFOOD  
6091 N ORACLE RD  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104034 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 6/28/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: CHRISTINA AN \_\_\_\_\_  
Location: MR AN'S TEPPAN STEAK & SEAFOOD \_\_\_\_\_  
6091 N ORACLE RD \_\_\_\_\_  
TUCSON, AZ 85704 \_\_\_\_\_  
Business Phone: (520)797-0888 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip  
2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160684

FREDRICK M VARELA  
FJC INC  
WOODEN NICKEL TAVERN  
1908 S COUNTRY CLUB RD  
TUCSON AZ 85713

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100212 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/1/2002  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: FREDRICK M VARELA \_\_\_\_\_  
Location: WOODEN NICKEL TAVERN \_\_\_\_\_  
1908 S COUNTRY CLUB RD \_\_\_\_\_  
TUCSON, AZ 85713 \_\_\_\_\_  
Business Phone: (520)323-8830 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160685

YU YEN  
WILMOT 330 INC  
U LIKE BUFFET  
330 S WILMOT RD  
TUCSON AZ 85711

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104276 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 4/11/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: YU YEN \_\_\_\_\_  
Location: U LIKE BUFFET \_\_\_\_\_  
330 S WILMOT RD \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160686

WING M LUI  
LUI LEI'S LLC  
SUSHI LOUNGE  
4802 S 6TH AVE  
TUCSON AZ 85714

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104156 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 2/14/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: WING M LUI \_\_\_\_\_  
Location: SUSHI LOUNGE \_\_\_\_\_  
4802 S 6TH AVE \_\_\_\_\_  
TUCSON, AZ 85714 \_\_\_\_\_  
Business Phone: (520)294-4408 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160687

THOMAS ROBERT AGUILERA  
MURPHYS PUBLIC HOUSE LLC  
MURPHYS PUBLIC HOUSE  
4554 E CAMP LOWELL DR  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06103603 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 6/20/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: MURPHYS PUBLIC HOUSE \_\_\_\_\_  
140 S KOLB RD \_\_\_\_\_  
TUCSON, AZ 85710 \_\_\_\_\_  
Business Phone: (520)207-5965 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary



**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160688

MANUEL HERNANDEZ CASTRO  
M & L AIRPORT INN LLC  
AIRPORT INN  
2303 E VALENCIA  
TUCSON AZ 85706

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100136 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/11/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MANUEL HERNANDEZ CASTRO \_\_\_\_\_  
Location: AIRPORT INN \_\_\_\_\_  
2303 E VALENCIA \_\_\_\_\_  
TUCSON, AZ 85706 \_\_\_\_\_  
Business Phone: (520)294-1612 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160689

HSIN WEI HO  
BA-DAR CHINESE RESTAURANT INC  
BA-DAR RESTAURANT  
7321 E BROADWAY  
TUCSON AZ 85710

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100042 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/3/2000  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: HSIN WEI HO \_\_\_\_\_  
Location: BA-DAR RESTAURANT \_\_\_\_\_  
7321 E BROADWAY \_\_\_\_\_  
TUCSON, AZ 85710 \_\_\_\_\_  
Business Phone: (520)296-8888 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160690

VI DANG  
TANG CAFE CORP  
WEI ASIAN CAFE  
9450 E GOLF LINKS RD  
TUCSON AZ 85730

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103671 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/12/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: VI DANG \_\_\_\_\_  
Location: WEI ASIAN CAFE \_\_\_\_\_  
9450 E GOLF LINKS RD \_\_\_\_\_  
TUCSON, AZ 85730 \_\_\_\_\_  
Business Phone: (520)722-1119 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160691

JULIO SAMUEL GARCIA VALLE  
MEGA GROUP LLC  
CASA VALENCIA  
2660 N CAMPBELL AVE  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104443 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 8/4/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JULIO SAMUEL GARCIA VALLE \_\_\_\_\_  
Location: CASA VALENCIA \_\_\_\_\_  
2660 N CAMPBELL AVE \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)207-1668 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160692

BRIAN JOSEPH CUMMINGS  
CUMMINGS CANTINAS LTD  
MCGRAW'S CANTINA  
6017 E WENDREW LANE  
TUCSON AZ 85711

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104247 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/16/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: BRIAN JOSEPH CUMMINGS \_\_\_\_\_  
Location: MCGRAW'S CANTINA \_\_\_\_\_  
4110 S HOUGHTON RD \_\_\_\_\_  
TUCSON, AZ 85730 \_\_\_\_\_  
Business Phone: (520)885-3088 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160693

THOMAS ROBERT AGUILERA  
TUCSAN INC  
TEN'S NIGHTCLUB  
4554 E CAMP LOWELL DR  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100268 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/3/2000  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: TEN'S NIGHTCLUB \_\_\_\_\_  
5120 E SPEEDWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)325-8367 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160694

CHUN MING MAR  
MARS PROPERTIES LLC  
MEI MEI CHINESE RESTAURANT  
1523 W ST MARY'S RD  
TUCSON AZ 85745

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100063 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 3/18/1993  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: CHUN MING MAR \_\_\_\_\_  
Location: MEI MEI CHINESE RESTAURANT \_\_\_\_\_  
1523 W ST MARY'S RD \_\_\_\_\_  
TUCSON, AZ 85745 \_\_\_\_\_  
Business Phone: (520)882-7100 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160695

THOMAS ROBERT AGUILERA  
FRESH START GROUP LLC  
AGUSTIN KITCHEN  
4554 E CAMP LOWELL DR  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100069 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 3/18/2014  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: AGUSTIN KITCHEN \_\_\_\_\_  
100 S AVENIDA DEL CONVENTO # 120 150 200 \_\_\_\_\_  
TUCSON, AZ 85745 \_\_\_\_\_  
Business Phone: (520)398-5382 \_\_\_\_\_

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# 12104268 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 3/18/2014  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: AGUSTIN KITCHEN \_\_\_\_\_  
100 S AVENIDA DEL CONVENTO # 120 150 200 \_\_\_\_\_  
TUCSON, AZ 85745 \_\_\_\_\_  
Business Phone: (520)398-5382 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_  
(Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**\*Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160696

RAKSHA D BHATTI  
INDIA OVEN CUISINE OF INDIA  
2727 N CAMPBELL AVE  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12101293 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/27/1995  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: \_\_\_\_\_  
Location: INDIA OVEN CUISINE OF INDIA \_\_\_\_\_  
2727 N CAMPBELL AVE \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)326-8635 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160697

RUBY C DOVE  
LA TUMBLEWEED  
13915 N SANDARIO RD  
MARANA AZ 85653

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100277 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 7/7/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: \_\_\_\_\_  
Location: LA TUMBLEWEED \_\_\_\_\_  
13915 N SANDARIO RD \_\_\_\_\_  
MARANA, AZ 85653 \_\_\_\_\_  
Business Phone: (520)682-3252 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160698

JOHNATHAN NGHIA NGUYEN  
SUSHI VALLEY LLC  
SUSHI VALLEY  
10509 N ORACLE RD #131  
TUCSON AZ 85737

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104229 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 5/17/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JOHNATHAN NGHIA NGUYEN \_\_\_\_\_  
Location: SUSHI VALLEY \_\_\_\_\_  
10509 N ORACLE RD #130 \_\_\_\_\_  
TUCSON, AZ 85737 \_\_\_\_\_  
Business Phone: (520)219-1908 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160699

MARK STEVEN RUSSELL  
OREGANO'S RESTAURANTS INC  
OREGANO'S PIZZA BISTRO  
5141 N 40TH ST #300  
PHOENIX AZ 85018

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104067 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/10/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MARK STEVEN RUSSELL \_\_\_\_\_  
Location: OREGANO'S PIZZA BISTRO \_\_\_\_\_  
4900 E SPEEDWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)327-8955 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160700

JESUS PADILLA ZEPEDA  
ROSY'S PLACE LLC  
IGUANA CAFE  
5043 W HURSTON DR  
TUCSON AZ 85742

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100046 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/6/2008  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JESUS PADILLA ZEPEDA \_\_\_\_\_  
Location: IGUANA CAFE \_\_\_\_\_  
210 E CONGRESS ST \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)882-5140 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160701

HARRY GEE  
DRAGON VIEW LLC  
DRAGON VIEW RESTAURANT  
400 N BONITA AVE  
TUCSON AZ 85745

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103827 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/12/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: HARRY GEE \_\_\_\_\_  
Location: DRAGON VIEW RESTAURANT \_\_\_\_\_  
400 N BONITA AVE \_\_\_\_\_  
TUCSON, AZ 85745 \_\_\_\_\_  
Business Phone: (520)623-9855 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160702

FERN PATRICIA ROBINSON  
SOUP GROUP LLC  
LA GITANA CANTINA  
P O BOX 383  
ARIVACA AZ 85601

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100152 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/8/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: FERN PATRICIA ROBINSON \_\_\_\_\_  
Location: LA GITANA CANTINA \_\_\_\_\_  
17205 W FIFTH ST \_\_\_\_\_  
ARIVACA, AZ 85601 \_\_\_\_\_  
Business Phone: (520)398-0810 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary



**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160703

ERIK JAMES HULTEN  
KIRBY DERBY LLC  
DANNY'S BABOQUIVARI LOUNGE  
2910 E FT LOWELL RD  
TUCSON AZ 85716

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100158 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 7/25/2007  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ERIK JAMES HULTEN \_\_\_\_\_  
Location: DANNY'S BABOQUIVARI LOUNGE \_\_\_\_\_  
2910 E FT LOWELL RD \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: (520)795-3178 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 35.00  
Total: 250.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_ 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**

RI160704

BENJAMIN L GALAZ  
EL BERRACO LLC  
EL BERRACO  
2960 N 1ST AVE  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104293 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/14/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: BENJAMIN L GALAZ \_\_\_\_\_  
Location: EL BERRACO \_\_\_\_\_  
2960 N 1ST AVE \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)207-2245 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160705

SUNNY ANNE HOLLIDAY  
LOVIN' SPOONFULS LLC  
LOVIN' SPOONFULS  
3518 N FOX AVE  
TUCSON AZ 85716

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103790 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/25/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: SUNNY ANNE HOLLIDAY \_\_\_\_\_  
Location: LOVIN' SPOONFULS \_\_\_\_\_  
2990 N CAMPBELL AVE STE 120 \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)325-7766 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160706

JOSE LUIS ARCEO VERBERA  
ARCEO & OROZCO INC  
RANCHO RUSTICO FAMILY MEXICAN RESTAURANT  
9165 E TANQUE VERDE RD  
TUCSON AZ 85747

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104226 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/1/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JOSE LUIS ARCEO VERBERA \_\_\_\_\_  
Location: RANCHO RUSTICO FAMILY MEXICAN RESTAURANT \_\_\_\_\_  
9165 E TANQUE VERDE RD \_\_\_\_\_  
TUCSON, AZ 85747 \_\_\_\_\_  
Business Phone: (520)749-4226 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip  
2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160707

SAURABH SAREEN  
RG'S FOODS LLC  
KABABEQUE INDIAN GRILL  
845 E UNIVERSITY BLVD #185  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103598 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 8/11/2004  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: SAURABH SAREEN \_\_\_\_\_  
Location: KABABEQUE INDIAN GRILL \_\_\_\_\_  
845 E UNIVERSITY BLVD STE 185 \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)388-4500 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160708

KEVIN ARNOLD KRAMBER  
137 CONGRESS LLC  
EMPIRE PIZZA  
536 E WAGON BLUFF DR  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104064 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/4/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: EMPIRE PIZZA \_\_\_\_\_  
137 E CONGRESS \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)882-7499 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160709

PAOLO ROBERT DEFILIPPIS  
G BURGER & GREENS ON ORACLE LLC  
TRULAND BURGERS & GREENS  
2823 E SPEEDWAY STE 201  
TUCSON AZ 85716

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104428 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 6/6/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: PAOLO ROBERT DEFILIPPIS \_\_\_\_\_  
Location: TRULAND BURGERS & GREENS \_\_\_\_\_  
7332 N ORACLE RD \_\_\_\_\_  
TUCSON, AZ 85704 \_\_\_\_\_  
Business Phone: (520)395-2975 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160710

PHILLIP GEORGE FERRANTI  
EL CISNE LLC  
EL CISNE RESTAURANT  
6700 N ORACLE RD #100  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104192 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/4/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: PHILLIP GEORGE FERRANTI \_\_\_\_\_  
Location: EL CISNE RESTAURANT \_\_\_\_\_  
4717 E SUNRISE DR \_\_\_\_\_  
TUCSON, AZ 85718 \_\_\_\_\_  
Business Phone: (520)638-6160 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160711

ROSALVA SHAAR  
EL MINUTO CAFE  
2141 RAINBOW RIDGE RD  
TUCSON AZ 85745

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100228 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/16/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: \_\_\_\_\_  
Location: EL MINUTO CAFE \_\_\_\_\_  
354 S MAIN \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)882-4145 \_\_\_\_\_

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# 12100119 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/16/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: \_\_\_\_\_  
Location: EL MINUTO CAFE \_\_\_\_\_  
354 S MAIN \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)882-4145 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_  
(Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**\*Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160712

JUDITH IRENE MUHLESTEIN  
ANGELICA'S WEDDING & EVENT CENTER LLC  
ANGELICA'S WEDDING & EVENT CENTER  
5225 E SPEEDWAY BLVD  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100010 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 5/21/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JUDITH IRENE MUHLESTEIN \_\_\_\_\_  
Location: ANGELICA'S WEDDING & EVENT CENTER \_\_\_\_\_  
5225 E SPEEDWAY \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)325-9161 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160713

MARY RUTH BRASHEAR  
TUCSON WEST HOTEL ASSOCIATES LLC  
RIVERPARK INN  
350 S FREEWAY  
TUCSON AZ 85745

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 11103043 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/2/2006  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MARY RUTH BRASHEAR \_\_\_\_\_  
Location: RIVERPARK INN \_\_\_\_\_  
350 S FREEWAY \_\_\_\_\_  
TUCSON, AZ 85745 \_\_\_\_\_  
Business Phone: (520)239-2300 \_\_\_\_\_  
% 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 \_\_\_\_\_ 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**

RI160714

KEVIN ARNOLD KRAMBER  
TASTE OF TEXAS INC  
COLT'S TASTE OF TEXAS  
536 E WAGON BLUFF DR  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103562 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 3/19/2004  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: COLT'S TASTE OF TEXAS \_\_\_\_\_  
8310 N THORNYDALE RD #180 \_\_\_\_\_  
TUCSON, AZ 85741 \_\_\_\_\_  
Business Phone: (520)742-4158 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160715

H J LEWKOWITZ  
TUCSON VENTURE ONE LLC  
DENIM & DIAMONDS  
2600 N CENTRAL AVE #1775  
PHOENIX AZ 85004

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100205 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 2/12/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: H J LEWKOWITZ \_\_\_\_\_  
Location: DENIM & DIAMONDS \_\_\_\_\_  
5470 E BROADWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)832-5000 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160716

MARK DOUGLAS PAOLINI  
TONY'S NEW YORK STYLE DELI  
6219 E 22ND ST  
TUCSON AZ 85711

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103237 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/16/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: \_\_\_\_\_  
Location: TONY'S NEW YORK STYLE DELI \_\_\_\_\_  
6219 E 22ND ST \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)747-0070 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160717

ROBIN SUANN HUGHES  
BLUE BAYOU MOTORSPORTS PARK LLC  
TUCSON DRAGWAY  
35724 N 7TH AVE  
PHOENIX AZ 85086

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07104000 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/19/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ROBIN SUANN HUGHES \_\_\_\_\_  
Location: TUCSON DRAGWAY \_\_\_\_\_  
12000 S HOUGHTON RD \_\_\_\_\_  
TUCSON, AZ 85747 \_\_\_\_\_  
Business Phone: (602)989-7765 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160718

JAIME ALBERTO GARCIA URIAS  
MOSAIC CAFE DOS  
7350 N LA CHOLLA BLVD #108  
TUCSON AZ 85741

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A** must be completed even if there are no changes. Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103472 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/1/2003  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: \_\_\_\_\_  
Location: MOSAIC CAFE DOS \_\_\_\_\_  
7350 N LA CHOLLA BLVD #108 \_\_\_\_\_  
TUCSON, AZ 85741 \_\_\_\_\_  
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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160719

ADAM JEFFRY PEARSON  
PEARSON'S PUB  
6826 E OBERLIN DR  
TUCSON AZ 85710

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100196 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 3/1/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: \_\_\_\_\_  
Location: PEARSON'S PUB \_\_\_\_\_  
1120 S WILMOT RD \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)747-2181 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160720

TRAVIS JAMES REESE  
256 E CONGRESS LLC  
ELVIRAS RESTAURANT TEQUILA COCINA VINO  
47 N SCOTT AVE  
TUCSON AZ 85701

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100243 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Inactive Status Date: 10/31/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: TRAVIS JAMES REESE \_\_\_\_\_  
Location: ELVIRAS RESTAURANT TEQUILA COCINA VINO \_\_\_\_\_  
256 E CONGRESS ST \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)499-2302 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160721

MARK GARCIA PRICE  
SONESTA INTERNATIONAL HOTELS CORPORATION  
SONESTA ES SUITES TUCSON  
255 WASHINGTON ST #270  
ATTN PRESIDENT  
NEWTON MA 02458

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100022 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/20/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MARK GARCIA PRICE \_\_\_\_\_  
Location: SONESTA ES SUITES TUCSON \_\_\_\_\_  
6477 E SPEEDWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85710 \_\_\_\_\_  
Business Phone: (520)721-0991 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160722

THOMAS ROBERT AGUILERA  
HERMES STAVROS LLC  
STAVROS TAVERN & RESTAURANT  
4554 E CAMP LOWELL DR  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100049 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Inactive Status Date: 9/25/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: STAVROS TAVERN & RESTAURANT \_\_\_\_\_  
6632 E TANQUE VERDE RD \_\_\_\_\_  
TUCSON, AZ 85715 \_\_\_\_\_  
Business Phone: (520)886-6320 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160723

KRISTTYNA GONZALEZ  
ALG 0505 LLC  
RESTAURANTE 5 DE MAYO  
3535 E FORT LOWELL  
TUCSON AZ 85716

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104159 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/16/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KRISTTYNA GONZALEZ \_\_\_\_\_  
Location: RESTAURANTE 5 DE MAYO \_\_\_\_\_  
3535 E FORT LOWELL \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: (520)326-1483 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160724

MICHAEL GORDON PAVON  
DREAM STREET INC  
CURVES CABARET  
2130 N ORACLE RD  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100193 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/30/1990  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MICHAEL GORDON PAVON \_\_\_\_\_  
Location: CURVES CABARET \_\_\_\_\_  
2130 N ORACLE RD \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)884-7210 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160725

KEVIN ARNOLD KRAMBER  
BARRIO PAVO REAL LLC  
CORONET  
536 E WAGON BLUFF DR  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104235 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 2/3/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: CORONET \_\_\_\_\_  
402 E 9TH ST \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)222-9889 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160726

JARED MICHAEL REPINSKI  
NNYDDK CORTARO LLC  
NATIVE GRILL & WINGS  
2760 N STONE AVE  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103856 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 3/3/2008  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JARED MICHAEL REPINSKI \_\_\_\_\_  
Location: NATIVE GRILL & WINGS \_\_\_\_\_  
8225 N COURTNEY PAGE WAY \_\_\_\_\_  
MARANA, AZ 85743 \_\_\_\_\_  
Business Phone: (520)744-7200 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160727

THOMAS ROBERT AGUILERA  
LDK TUCSON LLC  
EMBASSY SUITES LA PALOMA  
4554 E CAMP LOWELL DR  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 11103093 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/12/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: EMBASSY SUITES LA PALOMA \_\_\_\_\_  
3110 E SKYLINE DR \_\_\_\_\_  
TUCSON, AZ 85718 \_\_\_\_\_  
Business Phone: (520)352-4000 \_\_\_\_\_  
% 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 \_\_\_\_\_ 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**

RI160728

JOHN EDWARD BAXLA  
SOUTHWEST PIZZA INC  
PETER PIPER PIZZA  
5925 E BROADWAY BLVD # 125  
TUCSON AZ 85711

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100088 Renew?  Yes  No  
Status: Active Status Date: 9/29/2003  
License Inactive?  Yes  No Changes:(may require additional Filing)  
Agent: JOHN EDWARD BAXLA \_\_\_\_\_  
Location: PETER PIPER PIZZA \_\_\_\_\_  
4120 N ORACLE RD \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)888-5520 \_\_\_\_\_

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# 07100090 Renew?  Yes  No  
Status: Active Status Date: 9/13/2010  
License Inactive?  Yes  No Changes:(may require additional Filing)  
Agent: JOHN EDWARD BAXLA \_\_\_\_\_  
Location: PETER PIPER PIZZA \_\_\_\_\_  
5925 E BROADWAY BLVD #101 \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)886-5566 \_\_\_\_\_

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# 07100091 Renew?  Yes  No  
Status: Active Status Date: 10/6/2008  
License Inactive?  Yes  No Changes:(may require additional Filing)  
Agent: JOHN EDWARD BAXLA \_\_\_\_\_  
Location: PETER PIPER PIZZA \_\_\_\_\_  
5385 S CALLE SANTA CRUZ \_\_\_\_\_  
TUCSON, AZ 85706 \_\_\_\_\_  
Business Phone: (520)434-8000 \_\_\_\_\_

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# 07100092 Renew?  Yes  No  
Status: Active Status Date: 2/25/1993  
License Inactive?  Yes  No Changes:(may require additional Filing)  
Agent: JOHN EDWARD BAXLA \_\_\_\_\_  
Location: PETER PIPER PIZZA #18 \_\_\_\_\_  
4112 E 22ND ST \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)790-4232 \_\_\_\_\_

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# 07100093                   Renew?  Yes  No  
 Status: Active                    Status Date: 11/28/1986  
 License Inactive?  Yes  No                    Changes:(may require additional Filing)  
 Agent: JOHN EDWARD BAXLA  
 Location: PETER PIPER PIZZA #7  
           432 W VALENCIA RD  
           TUCSON, AZ 85706  
 Business Phone: (520)889-0600

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# 07100094                   Renew?  Yes  No  
 Status: Active                    Status Date: 1/1/1986  
 License Inactive?  Yes  No                    Changes:(may require additional Filing)  
 Agent: JOHN EDWARD BAXLA  
 Location: PETER PIPER PIZZA #58  
           3780 W INA RD #122  
           MARANA, AZ 85741  
 Business Phone: (520)744-1111

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# 07100310                   Renew?  Yes  No  
 Status: Active                    Status Date: 6/20/2002  
 License Inactive?  Yes  No                    Changes:(may require additional Filing)  
 Agent: JOHN EDWARD BAXLA  
 Location: PETER PIPER PIZZA #29  
           1380 N SILVERBELL  
           TUCSON, AZ 85745  
 Business Phone: (520)624-7475

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# 07101007                   Renew?  Yes  No  
 Status: Active                    Status Date: 9/26/2008  
 License Inactive?  Yes  No                    Changes:(may require additional Filing)  
 Agent: JOHN EDWARD BAXLA  
 Location: PETER PIPER PIZZA  
           3717 S 12TH AVE #129

TUCSON, AZ 85713 \_\_\_\_\_  
Business Phone: (520)624-1111 \_\_\_\_\_

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# 12103582 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 6/17/2004  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JOHN EDWARD BAXLA \_\_\_\_\_  
Location: PETER PIPER PIZZA \_\_\_\_\_  
9545 E OLD SPANISH TRAIL \_\_\_\_\_  
TUCSON, AZ 85748 \_\_\_\_\_  
Business Phone: (520)722-4400 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
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# 12103704 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 3/22/2006  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JOHN EDWARD BAXLA \_\_\_\_\_  
Location: PETER PIPER PIZZA \_\_\_\_\_  
7621 N ORACLE RD \_\_\_\_\_  
ORO VALLEY, AZ 85704 \_\_\_\_\_  
Business Phone: (520)575-0770 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies);

2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_  
(Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**\*Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160729

PAOLO ROBERT DEFILIPPIS  
D & K RESTAURANT CONCEPTS LLC  
CHOICE GREENS  
2829 E SPEEDWAY BLVD  
TUCSON AZ 85716

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100155 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/15/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: PAOLO ROBERT DEFILIPPIS \_\_\_\_\_  
Location: CHOICE GREENS \_\_\_\_\_  
2829 E SPEEDWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: (520)319-2467 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160730

CHU TIN CHAN  
MDC EXPRESS LLC  
THAI CHINA BISTRO  
PO BOX 31512  
TUCSON AZ 85751

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104323 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/31/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: CHU TIN CHAN \_\_\_\_\_  
Location: THAI CHINA BISTRO \_\_\_\_\_  
5121 E GRANT RD \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)325-5185 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160731

JORGE DIAZ TERAN  
EL GORRION RESTAURANT  
544 W 27TH STREET  
TUCSON AZ 85713

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12101261 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/17/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: \_\_\_\_\_  
Location: EL GORRION RESTAURANT \_\_\_\_\_  
3459 S 12TH AVE \_\_\_\_\_  
TUCSON, AZ 85713 \_\_\_\_\_  
Business Phone: (520)770-1340 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160732

SUNNY MI SOOK JANG  
JS WING FACTORY LLC  
WING FACTORY  
2970 N CAMPBELL AVE  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103819 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/19/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: SUNNY MI SOOK JANG \_\_\_\_\_  
Location: WING FACTORY \_\_\_\_\_  
6330 E GOLF LINKS RD #132 \_\_\_\_\_  
TUCSON, AZ 85730 \_\_\_\_\_  
Business Phone: (520)745-9464 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160733

ROBERT ANTHONY MANSON  
B B C PROPERTIES INC  
BUGGY WHEEL  
3380 W WILDWOOD DR  
TUCSON AZ 85741

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100241 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/19/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ROBERT ANTHONY MANSON \_\_\_\_\_  
Location: BUGGY WHEEL \_\_\_\_\_  
3156 E DREXEL RD \_\_\_\_\_  
TUCSON, AZ 85706 \_\_\_\_\_  
Business Phone: (520)573-0035 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160734

JAMES C COUNTS  
NIMBUS BREWING CO LLC  
NIMBUS BREWING CO  
3850 E 44TH ST #138  
TUCSON AZ 85713

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100308 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/23/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JAMES C COUNTS \_\_\_\_\_  
Location: NIMBUS BREWING CO \_\_\_\_\_  
3850 E 44TH ST #138 \_\_\_\_\_  
TUCSON, AZ 85713 \_\_\_\_\_  
Business Phone: (520)745-9175 \_\_\_\_\_

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# 12104403 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 3/14/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JAMES C COUNTS \_\_\_\_\_  
Location: NIMBUS BREWING CO \_\_\_\_\_  
3850 E 44TH ST #138 \_\_\_\_\_  
TUCSON, AZ 85713 \_\_\_\_\_  
Business Phone: (520)745-9175 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_  
(Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**\*Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160735

HIEN TRONG MA  
MISS SAIGON CORTARO LLC  
MISS SAIGON RESTAURANT  
8225 N CRAYCROFT PAGE WAY #191  
MARANA AZ 85741

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104430 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 7/5/2016  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: HIEN TRONG MA \_\_\_\_\_  
Location: MISS SAIGON RESTAURANT \_\_\_\_\_  
8225 N COURTNEY PAGE WY #191 \_\_\_\_\_  
MARANA, AZ 85741 \_\_\_\_\_  
Business Phone: (520)579-8889 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160736

DAVID DEARL REESE  
LEISERV LLC  
BRUNSWICK CAMINO SECO BOWL #183  
7313 BELL CREEK RD  
MECHANICSVILLE VA 23111

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100032 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/5/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: DAVID DEARL REESE \_\_\_\_\_  
Location: BRUNSWICK CAMINO SECO BOWL #183 \_\_\_\_\_  
114 S CAMINO SECO \_\_\_\_\_  
TUCSON, AZ 85710 \_\_\_\_\_  
Business Phone: (520)298-2311 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160737

SZechuan Omei LLC  
SZechuan Omei Restaurant  
2601 E Speedway Blvd  
Tucson AZ 85716

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A** must be completed even if there are no changes. Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100086 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/30/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: \_\_\_\_\_  
Location: SZECHUAN OMEI RESTAURANT \_\_\_\_\_  
2601 E SPEEDWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: (520)325-7204 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160738

TONY TRAC WONG  
NEW ASIA LLC  
NEW ASIA CHINESE RESTAURANT  
2116 W GRANT RD  
TUCSON AZ 85745

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100200 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/26/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: TONY TRAC WONG \_\_\_\_\_  
Location: NEW ASIA CHINESE RESTAURANT \_\_\_\_\_  
2116 W GRANT RD \_\_\_\_\_  
TUCSON, AZ 85745 \_\_\_\_\_  
Business Phone: (520)623-5033 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160739

BEN LAU  
CHINA PHOENIX LLC  
CHINA PHOENIX RESTAURANT  
7090 N ORACLE RD #172  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103036 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/26/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: BEN LAU \_\_\_\_\_  
Location: CHINA PHOENIX RESTAURANT \_\_\_\_\_  
7090 N ORACLE RD #172 \_\_\_\_\_  
TUCSON, AZ 85704 \_\_\_\_\_  
Business Phone: (520)531-0658 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160740

HE ZHI ZHU  
OLD PEKING RESTAURANT LLC  
OLD PEKING RESTAURANT  
2522 E SPEEDWAY BLVD  
TUCSON AZ 85716

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103982 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/11/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: HE ZHI ZHU \_\_\_\_\_  
Location: OLD PEKING RESTAURANT \_\_\_\_\_  
2522 E SPEEDWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: (520)795-9811 \_\_\_\_\_  
% 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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160741

ANDREA DAHLMAN LEWKOWITZ  
INTERSTATE RIM MANAGEMENT COMPANY LLC  
LA POSADA LODGE & CASITAS  
2600 N CENTRAL AVE STE 1775  
PHOENIX AZ 85004

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100119 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/22/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ANDREA DAHLMAN LEWKOWITZ \_\_\_\_\_  
Location: LA POSADA LODGE & CASITAS \_\_\_\_\_  
5900 N ORACLE RD \_\_\_\_\_  
TUCSON, AZ 85704 \_\_\_\_\_  
Business Phone: (520)887-4800 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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# 11103085 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/22/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ANDREA DAHLMAN LEWKOWITZ \_\_\_\_\_  
Location: DOUBLETREE HOTEL \_\_\_\_\_  
445 S ALVERNON WAY \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)881-4200 \_\_\_\_\_  
% 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**

RI160742

H J LEWKOWITZ  
CHIPOTLE MEXICAN GRILL INC  
CHIPOTLE MEXICAN GRILL #85  
2600 N CENTRAL AVE #1775  
PHOENIX AZ 85004

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103334                      Renew?  Yes  No  
Status: Active                              Status Date: 12/26/2000  
License Inactive?  Yes  No                      Changes:(may require additional Filing)  
Agent: H J LEWKOWITZ                      \_\_\_\_\_  
Location: CHIPOTLE MEXICAN GRILL #85      \_\_\_\_\_  
            4774 E GRANT RD                              \_\_\_\_\_  
            TUCSON, AZ 85712                              \_\_\_\_\_  
Business Phone: (520)326-1009              \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
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# 12103381                      Renew?  Yes  No  
Status: Active                              Status Date: 3/1/2001  
License Inactive?  Yes  No                      Changes:(may require additional Filing)  
Agent: H J LEWKOWITZ                      \_\_\_\_\_  
Location: CHIPOTLE MEXICAN GRILL #116      \_\_\_\_\_  
            905 E UNIVERSITY BLVD                              \_\_\_\_\_  
            TUCSON, AZ 85719                              \_\_\_\_\_  
Business Phone: (520)628-7967              \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
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# 12103537                      Renew?  Yes  No  
Status: Active                              Status Date: 10/1/2003  
License Inactive?  Yes  No                      Changes:(may require additional Filing)  
Agent: H J LEWKOWITZ                      \_\_\_\_\_  
Location: CHIPOTLE MEXICAN GRILL #421      \_\_\_\_\_  
            3055 N CAMPBELL AVE #183                              \_\_\_\_\_  
            TUCSON, AZ 85711                              \_\_\_\_\_  
Business Phone: (520)325-1261              \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
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# 12103549                      Renew?  Yes  No  
Status: Active                              Status Date: 11/21/2003  
License Inactive?  Yes  No                      Changes:(may require additional Filing)  
Agent: H J LEWKOWITZ                      \_\_\_\_\_  
Location: CHIPOTLE MEXICAN GRILL #372      \_\_\_\_\_

7555 N LACHOLLA BLVD \_\_\_\_\_  
TUCSON, AZ 85741 \_\_\_\_\_  
Business Phone: (520)544-3868 \_\_\_\_\_  
% 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

-----  
License# 12103705 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 3/3/2006  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: H J LEWKOWITZ \_\_\_\_\_  
Location: CHIPOTLE MEXICAN GRILL #668 \_\_\_\_\_  
235 W WETMORE RD # 101 \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)888-0444 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:

License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

-----  
License# 12103930 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 2/5/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: H J LEWKOWITZ \_\_\_\_\_  
Location: CHIPOTLE MEXICAN GRILL #1273 \_\_\_\_\_  
5870 E BROADWAY STE 3001 \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)519-1002 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:

License Renewal: 500.00  
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# 12104007 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/20/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: H J LEWKOWITZ \_\_\_\_\_  
Location: CHIPOTLE MEXICAN GRILL #1415 \_\_\_\_\_  
635 W INA RD \_\_\_\_\_  
TUCSON, AZ 85704 \_\_\_\_\_  
Business Phone: (520)407-5681 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:

License Renewal: 500.00  
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# 12104239 Renew?  Yes  No  
Status: Active Status Date: 10/25/2013  
License Inactive?  Yes  No Changes:(may require additional Filing)  
Agent: H J LEWKOWITZ \_\_\_\_\_  
Location: CHIPOTLE MEXICAN GRILL #2118 \_\_\_\_\_  
9484 E 22 ST STE 130 \_\_\_\_\_  
TUCSON, AZ 85710 \_\_\_\_\_  
Business Phone: (520)203-0004 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:

License Renewal:	500.00
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# 12104349 Renew?  Yes  No  
Status: Active Status Date: 2/18/2015  
License Inactive?  Yes  No Changes:(may require additional Filing)  
Agent: H J LEWKOWITZ \_\_\_\_\_  
Location: CHIPOTLE MEXICAN GRILL #2400 \_\_\_\_\_  
6501 E GRANT ROAD #141 \_\_\_\_\_  
TUCSON, AZ 85715 \_\_\_\_\_  
Business Phone: (520)326-1009 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:

License Renewal:	500.00
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# 12104357 Renew?  Yes  No  
Status: Active Status Date: 4/15/2015  
License Inactive?  Yes  No Changes:(may require additional Filing)  
Agent: H J LEWKOWITZ \_\_\_\_\_  
Location: CHIPOTLE MEXICAN GRILL #2371 \_\_\_\_\_  
5940 W ARIZONA PAVILLIONS DR \_\_\_\_\_  
MARANA, AZ 85743 \_\_\_\_\_  
Business Phone: (520)544-3868 \_\_\_\_\_  
% 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

-----  
License# 12104370 Renew?  Yes  No  
Status: Active Status Date: 10/5/2015  
License Inactive?  Yes  No Changes:(may require additional Filing)  
Agent: H J LEWKOWITZ \_\_\_\_\_  
Location: CHIPOTLE MEXICAN GRILL #2590 \_\_\_\_\_  
10604 N ORACLE RD STE 101 \_\_\_\_\_  
ORO VALLEY, AZ 85704 \_\_\_\_\_  
Business Phone: (520)797-5510 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
 Name Street City County Zip

2) \_\_\_\_\_  
 Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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**

RI160743

THOMAS ROBERT AGUILERA  
SPARKROOT LLC  
SPARKROOT  
4619 E 16TH ST  
TUCSON AZ 85711

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104098 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 7/8/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: SPARKROOT \_\_\_\_\_  
245 E CONGRESS ST # 193 \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)623-4477 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160744

MARK HADDAD SMITH  
ECLECTIC CO INC  
ECLECTIC CAFE  
7053 E TANQUE VERDE RD  
TUCSON AZ 85715

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100204 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/13/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MARK HADDAD SMITH \_\_\_\_\_  
Location: ECLECTIC CAFE \_\_\_\_\_  
7053 E TANQUE VERDE RD \_\_\_\_\_  
TUCSON, AZ 85715 \_\_\_\_\_  
Business Phone: (520)885-2842 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160745

KENT EUGENE VAN STELLE  
136 PRODUCTIONS LLC  
ROCK  
P.O. BOX 77387  
TUCSON AZ 85703

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100023 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/5/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KENT EUGENE VAN STELLE \_\_\_\_\_  
Location: ROCK \_\_\_\_\_  
136 N PARK AVE \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)629-9211 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 35.00  
Total: 250.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_ 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**

RI160746

ROHN PATRICK FARREN  
CAHNNESY INC  
CODY'S BEEF N BEANS  
2708 E FT LOWELL RD  
TUCSON AZ 85716

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100278 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/6/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: ROHN PATRICK FARREN \_\_\_\_\_  
Location: CODY'S BEEF N BEANS \_\_\_\_\_  
2708 E FT LOWELL RD \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: (520)322-9475 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160747

ANDREA DAHLMAN LEWKOWITZ  
YARD HOUSE USA INC  
YARD HOUSE #8356  
P O BOX 695016  
ORLANDO FL 32869-5016

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104291 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 7/29/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ANDREA DAHLMAN LEWKOWITZ \_\_\_\_\_  
Location: YARD HOUSE #8356 \_\_\_\_\_  
5870 E BROADWAY BLVD #440 \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)917-9753 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160748

MARK LAUREN RHUDE  
LAUREMAR INC  
FAMOUS SAM'S #10  
6900 E TANQUE VERDE  
TUCSON AZ 85715

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100013 Renew?  Yes  No  
Status: Active Status Date: 4/18/2005  
License Inactive?  Yes  No Changes:(may require additional Filing)  
Agent: MARK LAUREN RHUDE \_\_\_\_\_  
Location: FAMOUS SAM'S #10 \_\_\_\_\_  
2320 N SILVERBELL RD \_\_\_\_\_  
TUCSON, AZ 85745 \_\_\_\_\_  
Business Phone: (520)884-7267 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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# 06100086 Renew?  Yes  No  
Status: Active Status Date: 9/13/1996  
License Inactive?  Yes  No Changes:(may require additional Filing)  
Agent: MARK LAUREN RHUDE \_\_\_\_\_  
Location: FAMOUS SAM'S \_\_\_\_\_  
3010 W VALENCIA STE C \_\_\_\_\_  
TUCSON, AZ 85746 \_\_\_\_\_  
Business Phone: (520)883-8888 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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# 06100117 Renew?  Yes  No  
Status: Active Status Date: 9/28/2006  
License Inactive?  Yes  No Changes:(may require additional Filing)  
Agent: MARK LAUREN RHUDE \_\_\_\_\_  
Location: FAMOUS SAM'S #17 \_\_\_\_\_  
8058 N ORACLE RD \_\_\_\_\_  
ORO VALLEY, AZ 85737 \_\_\_\_\_  
Business Phone: (520)531-9464 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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# 12103115 Renew?  Yes  No  
Status: Active Status Date: 6/23/1997  
License Inactive?  Yes  No Changes:(may require additional Filing)  
Agent: MARK LAUREN RHUDE \_\_\_\_\_  
Location: FAMOUS SAM'S \_\_\_\_\_  
2048 E IRVINGTON \_\_\_\_\_  
TUCSON, AZ 85714 \_\_\_\_\_  
Business Phone: (520)889-6007 \_\_\_\_\_

% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
 Name Street City County Zip

2) \_\_\_\_\_  
 Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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**

RI160749

CAROLYN EILEEN LONGFELLOW  
LONGFELLOW FREDRIC ET AL  
FRED'S ARENA BAR & STEAKHOUSE  
9650 S AVRA RD  
TUCSON AZ 85736

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100072 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/8/2004  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: CAROLYN EILEEN LONGFELLOW \_\_\_\_\_  
Location: FRED'S ARENA BAR & STEAKHOUSE \_\_\_\_\_  
9650 S AVRA RD \_\_\_\_\_  
TUCSON, AZ 85736 \_\_\_\_\_  
Business Phone: (520)883-7337 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160750

GEORGE P DAVIES  
WALTER DAWGIE SKI CORP  
MT LEMMON SKI VALLEY  
P O BOX 612  
MOUNT LEMMON AZ 85619

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----

License# 07100053                      Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Status: Active                              Status Date: 1/1/1986  
 License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No                      Changes:(may require additional Filing)  
 Agent: GEORGE P DAVIES                      \_\_\_\_\_  
 Location: MT LEMMON SKI VALLEY                      \_\_\_\_\_  
                     MT LEMMON    \_\_\_\_\_  
                     MOUNT LEMMON, AZ 85619                      \_\_\_\_\_  
 Business Phone: (520)885-1181                      \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160751

JOSEPH MICHAEL SPINA, JR.  
VJB RESTAURANTS LTD  
MAMA'S PIZZA AND HEROS  
6996 E 22ND ST  
TUCSON AZ 85710

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100243 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 6/3/2004  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JOSEPH MICHAEL SPINA, JR. \_\_\_\_\_  
Location: MAMA'S PIZZA AND HEROS \_\_\_\_\_  
6996 E 22ND ST \_\_\_\_\_  
TUCSON, AZ 85710 \_\_\_\_\_  
Business Phone: (520)750-1919 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160752

KEVIN ARNOLD KRAMBER  
BOCCACCIO LLC  
BENVENUTI ITALIAN FAMILY RESTAURANT  
536 E WAGON BLUFF DR  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104390 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Inactive Status Date: 3/17/2016  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: BENVENUTI ITALIAN FAMILY RESTAURANT \_\_\_\_\_  
12152 N RANCHO VISTOSO BLVD #C-160 \_\_\_\_\_  
ORO VALLEY, AZ 85755 \_\_\_\_\_  
Business Phone: (520)219-3535 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

- 1) \_\_\_\_\_  
Name Street City County Zip
- 2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160753

THOMAS ROBERT AGUILERA  
WILDER CARRIAGE HOUSE LLC  
CARRIAGE HOUSE  
4554 E CAMP LOWELL DR  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104399 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 2/1/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: CARRIAGE HOUSE \_\_\_\_\_  
146 E BROADWAY \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)615-6100 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160754

THOMAS ROBERT AGUILERA  
ILLEGAL PETE'S INCORPORATED  
ILLEGAL PETE'S  
4554 E CAMP LOWELL DR  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104369 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/19/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: ILLEGAL PETE'S \_\_\_\_\_  
876 E UNIVERSITY BLVD \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)352-1340 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160755

NANCY CAROLE MOLINA  
LA CASITA DE MOLINA INC  
LA CASITA DE MOLINA  
3950 W VALENCIA RD  
TUCSON AZ 85746

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12100091 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/19/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: NANCY CAROLE MOLINA \_\_\_\_\_  
Location: LA CASITA DE MOLINA \_\_\_\_\_  
3220 W VALENCIA RD \_\_\_\_\_  
TUCSON, AZ 85746 \_\_\_\_\_  
Business Phone: (520)883-8152 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160756

LAUREN KAY MERRETT  
TEXAS ROADHOUSE HOLDINGS LLC  
TEXAS ROADHOUSE  
736 S LONGMORE ST  
CHANDLER AZ 85224

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103650 Renew?  Yes  No  
Status: Active Status Date: 4/6/2005  
License Inactive?  Yes  No Changes:(may require additional Filing)  
Agent: LAUREN KAY MERRETT \_\_\_\_\_  
Location: TEXAS ROADHOUSE \_\_\_\_\_  
8450 N CRACKER BARREL RD \_\_\_\_\_  
MARANA, AZ 85743 \_\_\_\_\_  
Business Phone: (520)579-3855 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

-----  
License# 12103665 Renew?  Yes  No  
Status: Active Status Date: 6/17/2005  
License Inactive?  Yes  No Changes:(may require additional Filing)  
Agent: LAUREN KAY MERRETT \_\_\_\_\_  
Location: TEXAS ROADHOUSE \_\_\_\_\_  
170 S WILMOT RD \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)514-7427 \_\_\_\_\_  
% 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

-----  
License# 12104116 Renew?  Yes  No  
Status: Active Status Date: 10/19/2011  
License Inactive?  Yes  No Changes:(may require additional Filing)  
Agent: LAUREN KAY MERRETT \_\_\_\_\_  
Location: TEXAS ROADHOUSE \_\_\_\_\_  
968 W IRVINGTON RD \_\_\_\_\_  
TUCSON, AZ 85714 \_\_\_\_\_  
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 \_\_\_\_\_ 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**

RI160757

AMY ELISE SILBERSCHLAG  
AVENUE COFFEE LLC  
CARTEL COFFEE LAB  
PO BOX 1415  
TEMPE AZ 85280

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104139 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 3/22/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: AMY ELISE SILBERSCHLAG \_\_\_\_\_  
Location: CARTEL COFFEE LAB \_\_\_\_\_  
2516 N CAMPBELL AVE \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)225-0437 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

- 1) \_\_\_\_\_  
Name Street City County Zip
- 2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160758

JOHN RONALD ABBOTT  
ABIT CORPORATION  
RINCON MARKET  
2513 E 6TH ST  
TUCSON AZ 85716

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100169 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/13/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JOHN RONALD ABBOTT \_\_\_\_\_  
Location: RINCON MARKET \_\_\_\_\_  
2513 E 6TH ST \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: (520)327-6653 \_\_\_\_\_

Renewal Fees:  
License Renewal: 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 \_\_\_\_\_ 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**

RI160759

JULIE ANNE PETERSON  
SONORAN BARBEQUE LLC  
FAMOUS DAVE'S  
3514 N POWER RD #121  
MESA AZ 85215

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103524 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/1/2003  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JULIE ANNE PETERSON \_\_\_\_\_  
Location: FAMOUS DAVE'S \_\_\_\_\_  
4565 N ORACLE RD \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160760

INDRI N GUNAWAN  
JADE GARDEN RESTAURANT LLC  
JADE GARDEN RESTAURANT  
3720 W INA RD #106  
TUCSON AZ 85741

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100117 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 9/6/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: INDRI N GUNAWAN \_\_\_\_\_  
Location: JADE GARDEN RESTAURANT \_\_\_\_\_  
3720 W INA RD #106 \_\_\_\_\_  
TUCSON, AZ 85741 \_\_\_\_\_  
Business Phone: (520)744-2817 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160761

PETER THOMAS WILKE  
GRASSY ISLAND INC  
TIME MARKET  
444 E UNIVERSITY  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103971 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/6/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: PETER THOMAS WILKE \_\_\_\_\_  
Location: TIME MARKET \_\_\_\_\_  
444 E UNIVERSITY BLVD \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)622-0761 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160762

DOROTHEA CATHERINE WARNER  
WARNER SHEW INC  
BOONDOCKS LOUNGE  
3306 N 1ST AVE  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----

License# 06100116 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Status: Active Status Date: 7/5/1996  
 License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
 Agent: DOROTHEA CATHERINE WARNER \_\_\_\_\_  
 Location: BOONDOCKS LOUNGE \_\_\_\_\_  
 3306 N 1ST AVE \_\_\_\_\_  
 TUCSON, AZ 85719 \_\_\_\_\_  
 Business Phone: (520)690-0991 \_\_\_\_\_

Renewal Fees:

License Renewal:	150.00
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 \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary



**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160763

LAUREN KAY MERRETT  
ISLAND HOSPITALITY MANAGEMENT II LLC  
ALOFT TUCSON UNIVERSITY  
50 COCOANUT ROW STE 200  
PALM BEACH FL 33480

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----

License# 11103081 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Status: Active Status Date: 8/14/2014  
 License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
 Agent: LAUREN KAY MERRETT \_\_\_\_\_  
 Location: ALOFT TUCSON UNIVERSITY \_\_\_\_\_  
 1900 E SPEEDWAY BLVD \_\_\_\_\_  
 TUCSON, AZ 85719 \_\_\_\_\_  
 Business Phone: (520)908-6800 \_\_\_\_\_  
 % 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 \_\_\_\_\_ 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**

RI160764

SCOTT ROBERT KILPATRICK  
SAUCE (TUCSON-2900 N CAMPBELL) LLC  
SAUCE PIZZA & WINE  
7144 E STETSON DR #420  
SCOTTSDALE AZ 85251

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103687 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/21/2005  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: SCOTT ROBERT KILPATRICK \_\_\_\_\_  
Location: SAUCE PIZZA & WINE \_\_\_\_\_  
2990 N CAMPBELL AVE # 110 \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)795-0344 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160765

MAURICE JEAN COCHARD  
CAFE FRANCAIS & PATISSERIE LLC  
CAFE FRANCAIS  
2930 N SWAN RD #126  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104254 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/29/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MAURICE JEAN COCHARD \_\_\_\_\_  
Location: CAFE FRANCAIS \_\_\_\_\_  
2930 N SWAN RD #126 \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)326-1155 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160766

ELIAS NAVARRETTE MOLINA, JR.  
LA FAMILIA RESTAURANT INC  
MOLINA'S MIDWAY RESTAURANT  
1138 N BELVEDERE  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12101019 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 8/28/1987  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ELIAS NAVARRETTE MOLINA, JR. \_\_\_\_\_  
Location: MOLINA'S MIDWAY RESTAURANT \_\_\_\_\_  
1138 N BELVEDERE \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)881-9194 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160767

THOMAS ROBERT AGUILERA  
TUCSON WINGS IV LLC  
WINGSTOP  
4554 E CAMP LOWELL DR  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104288 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 5/9/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: WINGSTOP \_\_\_\_\_  
3662 W INA RD #110 \_\_\_\_\_  
TUCSON, AZ 85741 \_\_\_\_\_  
Business Phone: (520)882-9464 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160768

THOMAS ROBERT AGUILERA  
INDEPENDENT DISTILLERY LLC  
INDEPENDENT DISTILLERY  
4554 E CAMP LOWELL DRIVE  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100270 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 9/4/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: INDEPENDENT DISTILLERY \_\_\_\_\_  
30 S ARIZONA AVE \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)609-5864 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160769

KEVIN ARNOLD KRAMBER  
MARACANA INDOOR SPORTS ARENA LLC  
MARACANA INDOOR SPORTS ARENA  
536 E WAGON BLUFF DR  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100484 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 5/24/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: MARACANA INDOOR SPORTS ARENA \_\_\_\_\_  
555 E 18TH ST \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)647-9059 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160770

JAMES VICTOR VANCZA  
VICTOR V LLC  
CHE'S LOUNGE  
350 N 4TH AVE  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100191 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/6/2008  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JAMES VICTOR VANCZA \_\_\_\_\_  
Location: CHE'S LOUNGE \_\_\_\_\_  
350 N 4TH AVE \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)623-2088 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160771

GEORGE C WHITE  
VENTANA BEVERAGE CORPORATION  
THE LODGE AT VENTANA CANYON GOLF  
6200 N CLUBHOUSE LN  
TUCSON AZ 85750

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100054 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 9/29/2006  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: GEORGE C WHITE \_\_\_\_\_  
Location: THE LODGE AT VENTANA CANYON GOLF \_\_\_\_\_  
6200 N CLUBHOUSE LN \_\_\_\_\_  
TUCSON, AZ 85750 \_\_\_\_\_  
Business Phone: (520)577-1400 \_\_\_\_\_

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

-----  
License# 11103053 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 5/5/2006  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: GEORGE C WHITE \_\_\_\_\_  
Location: LODGE AT VENTANA CANYON GOLF & RACQUET CLUB \_\_\_\_\_  
6200 N CLUBHOUSE LN \_\_\_\_\_  
TUCSON, AZ 85750 \_\_\_\_\_  
Business Phone: (520)577-1400 \_\_\_\_\_  
% 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**

RI160772

KAEWGAMTONG YOHN  
CHAR'S THAI RESTAURANT LLC  
CHARS THAI RESTAURANT  
5039 E 5TH ST  
TUCSON AZ 85711

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100305 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 4/28/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KAEWGAMTONG YOHN \_\_\_\_\_  
Location: CHARS THAI RESTAURANT \_\_\_\_\_  
5039 E 5TH ST \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)795-1715 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160773

CARLOTTA MARY FLORES  
ECRS LLC  
PUB 1922  
15920 S RANCHO SAHURITA BLVD  
TUCSON AZ 85629

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104042 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 6/16/2010  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: CARLOTTA MARY FLORES \_\_\_\_\_  
Location: PUB 1922 \_\_\_\_\_  
15920 S RANCHO SAHUARITA BLVD \_\_\_\_\_  
SAHUARITA, AZ 85629 \_\_\_\_\_  
Business Phone: (520)325-1922 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160774

H J LEWKOWITZ  
TUCSON NORTHWEST HOOTERS LTD  
HOOTERS  
2600 N CENTRAL AVE STE 1775  
PHOENIX AZ 85004

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103226 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 4/24/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: H J LEWKOWITZ \_\_\_\_\_  
Location: HOOTERS \_\_\_\_\_  
4385 W INA RD \_\_\_\_\_  
TUCSON, AZ 85741 \_\_\_\_\_  
Business Phone: (520)572-8145 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160775

NATHANIEL ROBERT ARES  
PREP & PASTRY RESTAURANT LLC  
PREP & PASTRY  
P O BOX 31150  
TUCSON AZ 85751

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104283 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 5/6/2014  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: NATHANIEL ROBERT ARES \_\_\_\_\_  
Location: PREP & PASTRY \_\_\_\_\_  
3073 N CAMPBELL AVE \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)326-7737 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160776

DANIEL DOMINIC SCORDATO  
GDL RESTAURANTS INC  
VIVACE RESTAURANT  
6440 N CAMPBELL AVE  
TUCSON AZ 85718

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104289 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 6/5/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: DANIEL DOMINIC SCORDATO \_\_\_\_\_  
Location: VIVACE RESTAURANT \_\_\_\_\_  
6440 N CAMPBELL AVE \_\_\_\_\_  
TUCSON, AZ 85718 \_\_\_\_\_  
Business Phone: (520)795-7221 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160777

JEFFREY HOWARD ROFF  
WFM-WO INC  
WHOLE FOODS MARKET  
550 E BOWIE ST  
ATTN: LEGAL TEAM  
AUSTIN TX 78703

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100013 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/12/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JEFFREY HOWARD ROFF \_\_\_\_\_  
Location: WHOLE FOODS MARKET \_\_\_\_\_  
3360 E SPEEDWAY BLVD \_\_\_\_\_  
TUCSON, AZ 85716-3936 \_\_\_\_\_  
Business Phone: (520)795-9844 \_\_\_\_\_

Renewal Fees:  
License Renewal: 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 \_\_\_\_\_ 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**

RI160778

JAVIER RAMOS MORA  
TG SW TUCSON LLC  
TACO GIRO MEXICAN GRILL  
2750 W VALENCIA RD  
TUCSON AZ 85746

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104383 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/4/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: JAVIER RAMOS MORA \_\_\_\_\_  
Location: TACO GIRO MEXICAN GRILL \_\_\_\_\_  
2750 W VALENCIA RD \_\_\_\_\_  
TUCSON, AZ 85746 \_\_\_\_\_  
Business Phone: (520)578-3434 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160779

VIVIANA VENTURA  
S & V VENTURA LLC  
VIVA EL CARIBE RESTAURANT & LOUNGE  
1929 E GRANT RD  
TUCSON AZ 85719

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104321 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 11/24/2014  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: VIVIANA VENTURA \_\_\_\_\_  
Location: VIVA EL CARIBE RESTAURANT & LOUNGE \_\_\_\_\_  
1929 E GRANT RD \_\_\_\_\_  
TUCSON, AZ 85719 \_\_\_\_\_  
Business Phone: (520)323-0266 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160780

WILLIAM W T LOUI  
LOUI WILLIAM JTWROS  
GOLDEN PHOENIX RESTAURANT  
2854 E 22ND ST  
TUCSON AZ 85713

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100116 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/14/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: WILLIAM W T LOUI \_\_\_\_\_  
Location: GOLDEN PHOENIX RESTAURANT \_\_\_\_\_  
2854 E 22ND ST \_\_\_\_\_  
TUCSON, AZ 85713 \_\_\_\_\_  
Business Phone: (520)327-8008 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160781

THOMAS ROBERT AGUILERA  
ARIZONA FIVE PALMS LLC  
FIVE PALMS STEAK & SEAFOOD  
4554 E CAMP LOWELL DR  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100032 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/23/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: FIVE PALMS STEAK & SEAFOOD \_\_\_\_\_  
3500 E SUNRISE DR \_\_\_\_\_  
TUCSON, AZ 85718 \_\_\_\_\_  
Business Phone: (520)615-5555 \_\_\_\_\_

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# 12104173 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 9/6/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: FIVE PALMS STEAK & SEAFOOD \_\_\_\_\_  
3500 E SUNRISE DR \_\_\_\_\_  
TUCSON, AZ 85718 \_\_\_\_\_  
Business Phone: (520)615-5555 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_  
(Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**\*Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160782

ROBERT HARKINS  
HARKO BAR INC  
CHATTERBOX  
1601 S ALVERNON WAY  
TUCSON AZ 85711

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100089 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 4/25/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ROBERT HARKINS \_\_\_\_\_  
Location: CHATTERBOX \_\_\_\_\_  
1601 S ALVERNON WAY \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)748-8363 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160783

JEFFREY SCHANTZ  
JEFF'S PUB INC  
JEFF'S PUB  
112 S CAMINO SECO  
TUCSON AZ 85710

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100222 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/1/1986  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JEFFREY SCHANTZ \_\_\_\_\_  
Location: JEFF'S PUB \_\_\_\_\_  
112 S CAMINO SECO \_\_\_\_\_  
TUCSON, AZ 85710 \_\_\_\_\_  
Business Phone: (520)886-1001 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160784

LEOBARDO GARCIA  
LEO'S REAL MEXICAN FOOD LLC  
LEO'S REAL MEXICAN FOOD  
9725 N THORNYDALE RD #149  
TUCSON AZ 85742

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104355 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/6/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: LEOBARDO GARCIA \_\_\_\_\_  
Location: LEO'S REAL MEXICAN FOOD \_\_\_\_\_  
9725 N THORNYDALE RD #149 \_\_\_\_\_  
TUCSON, AZ 85742 \_\_\_\_\_  
Business Phone: (520)579-6604 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160785

YVONNE KAY FOUCHER  
CATA VINOS LLC  
CATA VINOS  
3063 N ALVERNON WAY  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100104 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/5/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: YVONNE KAY FOUCHER \_\_\_\_\_  
Location: CATA VINOS \_\_\_\_\_  
3063 N ALVERNON WAY \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)323-3063 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160786

KEVIN ARNOLD KRAMBER  
CIS SERVICING LLC  
RED LION INN & SUITES  
536 E WAGON BLUFF DR  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07107001 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 2/6/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: RED LION INN & SUITES \_\_\_\_\_  
7411 N ORACLE RD \_\_\_\_\_  
TUCSON, AZ 85704 \_\_\_\_\_  
Business Phone: (520)575-9255 \_\_\_\_\_

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 \_\_\_\_\_ 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**

RI160787

KEVIN ARNOLD KRAMBER  
EDGE BAR LLC  
EDGE BAR  
536 E WAGON BLUFF DR  
TUCSON AZ 85704

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100276 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 7/30/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEVIN ARNOLD KRAMBER \_\_\_\_\_  
Location: EDGE BAR \_\_\_\_\_  
4635 N FLOWING WELLS RD \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)887-9027 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160788

SCOTT PHILLIP POSVISTAK  
COURTYARD MANAGEMENT CORPORATION  
COURTYARD BY MARRIOTT  
610 SMITHFIELD ST #300  
C/O FLAHERTY & O'HARA PC  
PITTSBURGH PA 15222

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 11101005 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/10/1994  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: SCOTT PHILLIP POSVISTAK \_\_\_\_\_  
Location: COURTYARD BY MARRIOTT \_\_\_\_\_  
2505 E EXECUTIVE DR \_\_\_\_\_  
TUCSON, AZ 85706 \_\_\_\_\_  
Business Phone: (520)573-0000 \_\_\_\_\_  
% 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 \_\_\_\_\_ 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**

RI160789

JOSE FERNANDEZ GOMEZ  
BANANA'S LLC  
BANANA'S BAR & GRILL  
P O BOX 621  
TUCSON AZ 85711

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100007 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Inactive Status Date: 4/1/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JOSE FERNANDEZ GOMEZ \_\_\_\_\_  
Location: BANANA'S BAR & GRILL \_\_\_\_\_  
1310 S ALVERNON WAY \_\_\_\_\_  
TUCSON, AZ 85711 \_\_\_\_\_  
Business Phone: (520)777-4968 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160790

KEVIN PATRICK GILLIGAN  
GILLIGAN VENTURES LLC  
NO WHERE II BAR  
1308 W GLENN ST  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100262 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Inactive Status Date: 2/1/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: KEVIN PATRICK GILLIGAN \_\_\_\_\_  
Location: NO WHERE II BAR \_\_\_\_\_  
1308 W GLENN ST \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)623-3999 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160791

DONNA-MARIA DI FIORE  
BEST OF EVERYTHING INC  
DELECTABLES  
533 N 4TH AVE  
TUCSON AZ 85705

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103403 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/9/2013  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: DONNA-MARIA DI FIORE \_\_\_\_\_  
Location: DELECTABLES \_\_\_\_\_  
533 N 4TH AVE \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)884-9289 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160792

THOMAS ROBERT AGUILERA  
TENHAR DEVELOPMENT LLC  
NATIVE GRILL & WINGS  
4554 E CAMP LOWELL DR  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104407 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 3/30/2016  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: THOMAS ROBERT AGUILERA \_\_\_\_\_  
Location: NATIVE GRILL & WINGS \_\_\_\_\_  
10255 E OLD VAIL RD \_\_\_\_\_  
TUCSON, AZ 85747 \_\_\_\_\_  
Business Phone: (520)822-8394 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160793

STEPHANIE RICE BASILIERE  
RITZ CARLTON HOTEL COMPANY LLC  
RITZ CARLTON HOTEL AT DOVE MOUNTAIN  
C/O FLAHERTY & O'HARA, PC  
610 SMITHFIELD ST STE 300  
PITTSBURGH PA 15222

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100144 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/12/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: STEPHANIE RICE BASILIERE \_\_\_\_\_  
Location: RITZ CARLTON HOTEL AT DOVE MOUNTAIN \_\_\_\_\_  
15000 SECRET SPRINGS DR \_\_\_\_\_  
MARANA, AZ 85658 \_\_\_\_\_  
Business Phone: (520)572-3000 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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# 06100213 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 1/7/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: STEPHANIE RICE BASILIERE \_\_\_\_\_  
Location: GOLF CLUB AT DOVE MOUNTAIN \_\_\_\_\_  
6501 BOULDER BRIDGE PASS \_\_\_\_\_  
MARANA, AZ 85658 \_\_\_\_\_  
Business Phone: (520)572-3500 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 35.00  
Total: 250.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X \_\_\_\_\_  
(Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

**\*Disabled individuals requiring special accommodations, please call (602) 542-9027**

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160794

ERIC LAURENCE WOLF  
HUNGRY WOLF #1 LLC  
SMASHBURGER #1  
9790 E CARON ST  
SCOTTSDALE AZ 85258

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104188 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 11/2/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: ERIC LAURENCE WOLF \_\_\_\_\_  
Location: SMASHBURGER #1 \_\_\_\_\_  
4821 E GRANT RD #115 \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)624-0122 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160795

JERRY ELIZABETH ROLLINGS  
CUSHING STREET CORP  
CUSHING STREET BAR & RESTAURANT  
373 S MEYER ST  
TUCSON AZ 85701

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100199 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/10/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JERRY ELIZABETH ROLLINGS \_\_\_\_\_  
Location: CUSHING STREET BAR & RESTAURANT \_\_\_\_\_  
198 W CUSHING ST \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)622-9017 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160796

DANNY WAYNE BARNES  
TUCSON ROBIN HOOD INC  
RED ROBIN AMERICA'S GOURMET BURGER & SPIRITS  
6290 N CABALLOS  
TUCSON AZ 85743

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103285 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 10/15/2012  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: DANNY WAYNE BARNES \_\_\_\_\_  
Location: RED ROBIN AMERICA'S GOURMET BURGER & SPIRITS \_\_\_\_\_  
4500 N ORACLE RD #155 \_\_\_\_\_  
TUCSON, AZ 85705 \_\_\_\_\_  
Business Phone: (520)292-0888 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160797

JOANNE KAREN FEINSTEIN  
PEI WEI ASIAN DINER LLC  
PEI WEI FRESH KITCHEN  
7676 E PINNACLE PEAK RD  
C/O LEGAL DEPT  
SCOTTSDALE AZ 85255

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103443                      Renew?  Yes  No  
Status: Active                              Status Date: 6/13/2002  
License Inactive?  Yes  No                      Changes:(may require additional Filing)  
Agent: JOANNE KAREN FEINSTEIN                      \_\_\_\_\_  
Location: PEI WEI FRESH KITCHEN                      \_\_\_\_\_  
                    845 E UNIVERSITY BLVD # 135                      \_\_\_\_\_  
                    TUCSON, AZ 85719                      \_\_\_\_\_  
Business Phone: (520)884-7413                      \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
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# 12103535                      Renew?  Yes  No  
Status: Active                              Status Date: 11/14/2003  
License Inactive?  Yes  No                      Changes:(may require additional Filing)  
Agent: JOANNE KAREN FEINSTEIN                      \_\_\_\_\_  
Location: PEI WEI FRESH KITCHEN                      \_\_\_\_\_  
                    5285 E BROADWAY BLVD #151                      \_\_\_\_\_  
                    TUCSON, AZ 85711                      \_\_\_\_\_  
Business Phone: (520)514-7004                      \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
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# 12103666                      Renew?  Yes  No  
Status: Active                              Status Date: 7/21/2005  
License Inactive?  Yes  No                      Changes:(may require additional Filing)  
Agent: JOANNE KAREN FEINSTEIN                      \_\_\_\_\_  
Location: PEI WEI FRESH KITCHEN                      \_\_\_\_\_  
                    633 W INA RD                      \_\_\_\_\_  
                    TUCSON, AZ 85704                      \_\_\_\_\_  
Business Phone: (520)297-3238                      \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (    ) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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**

RI160798

MARCELINE CHRISTINE SMITH  
SHOOTER'S STEAKHOUSE INC  
SHOOTER'S STEAKHOUSE & SALOON  
3115 E PRINCE RD  
TUCSON AZ 85716

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100115 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 9/8/1999  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: MARCELINE CHRISTINE SMITH \_\_\_\_\_  
Location: SHOOTER'S STEAKHOUSE & SALOON \_\_\_\_\_  
3115 E PRINCE RD \_\_\_\_\_  
TUCSON, AZ 85716 \_\_\_\_\_  
Business Phone: (520)322-0779 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160799

JEFFREY HOWARD ROFF  
MRS GOOCH'S NATURAL FOOD MARKETS INC  
WHOLE FOODS MARKET  
550 BOWIE ST  
ATTN LEGAL TEAM  
AUSTIN TX 78703

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 07100084 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/13/2012  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JEFFREY HOWARD ROFF \_\_\_\_\_  
Location: WHOLE FOODS MARKET \_\_\_\_\_  
5555 E RIVER RD \_\_\_\_\_  
TUCSON, AZ 85750 \_\_\_\_\_  
Business Phone: \_\_\_\_\_

Renewal Fees:  
License Renewal: 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# 07100209 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 7/25/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JEFFREY HOWARD ROFF \_\_\_\_\_  
Location: WHOLE FOODS MARKET \_\_\_\_\_  
7133 N ORACLE RD \_\_\_\_\_  
TUCSON, AZ 85704 \_\_\_\_\_  
Business Phone: (520)297-5394 \_\_\_\_\_

Renewal Fees:  
License Renewal: 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**

RI160800

JEREMY DAVID HILDERBRAND  
THREE GUYS BREWING LLC  
SENTINEL PEAK BREWING COMPANY  
4746 E GRANT RD  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104359 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 5/28/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: JEREMY DAVID HILDERBRAND \_\_\_\_\_  
Location: SENTINEL PEAK BREWING COMPANY \_\_\_\_\_  
4746 E GRANT RD \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)977-3611 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160801

LYNN ELLEN GREENES  
G & R HOSPITALITY LLC  
COW PALACE RESTAURANT  
P O BOX 6335  
AMADO AZ 85645

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 06100235 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 9/15/2015  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: LYNN ELLEN GREENES \_\_\_\_\_  
Location: COW PALACE RESTAURANT \_\_\_\_\_  
28802 S NOGALES HWY \_\_\_\_\_  
AMADO, AZ 85645 \_\_\_\_\_  
Business Phone: (520)398-8000 \_\_\_\_\_

Renewal Fees:  
License Renewal: 150.00  
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 \_\_\_\_\_ 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**

RI160802

RICARDO GARCIA  
ELVIRAS RESTAURANT TEQUILA COCINA VINO LLC  
ELVIRAS RESTAURANT TEQUILA COCINA VINO  
P O BOX 6464  
NOGALES AZ 85621

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104371 Renew? \_\_\_\_\_Yes\_\_\_\_\_No  
Status: Active Status Date: 4/6/2016  
License Inactive? \_\_\_\_\_Yes\_\_\_\_\_No Changes:(may require additional Filing)  
Agent: RICARDO GARCIA \_\_\_\_\_  
Location: ELVIRAS RESTAURANT TEQUILA COCINA VINO\_\_\_\_\_  
256 E CONGRESS ST \_\_\_\_\_  
TUCSON, AZ 85701 \_\_\_\_\_  
Business Phone: (520)499-2302 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160803

GILBERT MOLINA, JR.  
CASA MOLINA CENTRAL INC  
CASA MOLINA CENTRAL  
4240 E GRANT RD  
TUCSON AZ 85712

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12101181 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/2/2009  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: GILBERT MOLINA, JR. \_\_\_\_\_  
Location: CASA MOLINA CENTRAL \_\_\_\_\_  
4240 E GRANT RD \_\_\_\_\_  
TUCSON, AZ 85712 \_\_\_\_\_  
Business Phone: (520)326-6663 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160804

GRANT DARIEN KRUEGER  
REFORMA LLC  
REFORMA  
4310 N CAMPBELL AVE #100  
TUCSON AZ 85718

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprod rpt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12104301 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 12/2/2014  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes:(may require additional Filing)  
Agent: GRANT DARIEN KRUEGER \_\_\_\_\_  
Location: REFORMA \_\_\_\_\_  
4310 N CAMPBELL AVE #100 \_\_\_\_\_  
TUCSON, AZ 85718 \_\_\_\_\_  
Business Phone: (520)314-5747 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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

**STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL**

**ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE**

RI160805

ELSIE MARY VILLA-TERAN  
VILLA MEXICAN FOOD  
2840 W INA RD  
TUCSON AZ 85741

**LICENSES EXPIRE ON SEPTEMBER 30, 2016**

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.  
A \$150 PENALTY PER LICENSE WILL BE CHARGED FOR LATE FILING.

**THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.**

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes.** Please check 'New' box if applicable.

Corporation/L.L.C./Club: Attach additional sheet if necessary.

AZ Corporation Commission file number (if applicable): \_\_\_\_\_

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%
<input type="checkbox"/>								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>								%

1/13/2016

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

Yes (attach explanation of details)  No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production (calendar year, Jan 1 – Dec 31) reporting requirements. This renewal is incomplete if your annual production report was not submitted to the Arizona Department of Liquor on or before January 31<sup>st</sup> of the previous calendar year.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
<input type="checkbox"/> Limited Winery (series 2L) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Farm Winery (series 13 or 2W) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Microbrewery (series 3 or 2M) license	<a href="http://www.azliquor.gov/AnnualProduction/index.cfm">http://www.azliquor.gov/AnnualProduction/index.cfm</a>
<input type="checkbox"/> Craft Distillery (series 18 or 2D) license	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>
<input type="checkbox"/> Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	<a href="http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf">http://www.azliquor.gov/forms/aud_annprodprt_cover_sheet.pdf</a>

I have filed with the Arizona Department of Liquor an annual production report for the calendar year \_\_\_\_\_ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

**DO NOT DETACH**

-----  
License# 12103556 Renew? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Status: Active Status Date: 10/17/2011  
License Inactive? \_\_\_\_\_ Yes \_\_\_\_\_ No Changes: (may require additional Filing)  
Agent: \_\_\_\_\_  
Location: VILLA MEXICAN FOOD \_\_\_\_\_  
2840 W INA RD \_\_\_\_\_  
TUCSON, AZ 85741 \_\_\_\_\_  
Business Phone: (520)544-0015 \_\_\_\_\_  
% Of Revenue From Food Sales: \_\_\_\_\_

Renewal Fees:  
License Renewal: 500.00  
ARS 4-209 K Sur-Charge: 35.00  
Audit Sur-Charge: 30.00  
ARS 4-209 L Sur-Charge: 20.00  
Total: 585.00

Your e-mail address: \_\_\_\_\_

Your daytime contact telephone number: (\_\_\_\_) \_\_\_\_\_

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?  No  Yes

If yes, please list the persons name and their new residential address:

1) \_\_\_\_\_  
Name Street City County Zip

2) \_\_\_\_\_  
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, \_\_\_\_\_, declare that; 1) I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, 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